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1

Tuesday, October 10, 2000

Volunteer Deputy: Doraine Slaughter # 3347

Lillie Wright (Mail desk Team Leader) came to me with some voter registration applications that were being submitted by Doraine Slaughter, Volunteer Deputy # 3347. Some of the applications dated as far back as March of this year. Lillie questioned whether or not we could accept these applications since they were so old.

I advised Lillie that we would probably still take them, but we should consult with Marty to be certain on how to handle them.

Lillie and I went to Marty with this situation and Marty wanted to speak directly with Ms. Slaughter.

Ms. Slaughter (and someone else who was with her) came into Marty's office and Marty began conversing with Ms. Slaughter:

Marty: Why were you so late in submitting these applications to us?

Ms. Slaughter: Not all of these are mine; I was just turning these in for someone else.

Marty: Who?

Ms. Slaughter: They were having a drive at TSU.

Marty: Do you know this person's name?

Ms. Slaughter: Yes, but I can't think of it right now. There was a drive over at TSU and there was paperwork and coping to be done with them...and I'm just bringing them in.

Chris: You copied them...why would you need to copy them? You need to be careful about copying applications. Some of this information, the registrar is not allowed to copy...and since you are a volunteer deputy for this office, you need to be careful when copying applications.

Marty: It's ok to copy the report sheets for your records...we even tell you to keep copies of them when we deputize you.

Marty: Whose deputy number is this on the cards?

Ms. Slaughter: Oh, that is my number.

Marty: If you did not take the cards, why did you put your number on them...why didn't the deputy that took them put their number on them...and why are they on your report sheet?

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Ms. Slaughter: I didn't have another sheet, so I just put them all on mine.

Marty: Ok, we will have to process them, but next time, you must submit them to this office within 5 days. That's per Secretary of State.

Ms. Slaughter: All right.

Marty: Do you know the name of this other volunteer deputy?

Ms. Slaughter: Yes, but I can't think of it off hand. I have it written down at home.

Marty: Will you call me back with that person's name?

Ms. Slaughter: Yes.

Marty: I really need that other person's name. So we can contact them and let them know not to hold applications this long.

Ms. Slaughter: I'll call you tomorrow.

Marty thanked Ms. Slaughter and she departed.

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COPY



Paul Bettencourt
Harris County Tax Assessor-Collector and Voter Registrar

November 3, 2000

Ms. Janice Shelvin
Volunteer Deputy Number Z-1841
6826 Heath
Houston, TX 77016

Dear Ms. Shelvin:

Your performance does not conform to your duties as defined by the Texas Election Code, Section 13.042. That section of the Election Code requires a volunteer deputy registrar to deliver in person all completed applications to the registrar not later than 5 p.m. of the fifth day after the date the application is submitted to the volunteer deputy registrar.

Your Volunteer Deputy Number, Z-1841, appears on several Voter Registration Applications currently under challenge. Furthermore, under the terms of Texas Election Code, Section 13.043 you failed to deliver completed Voter Registration Applications in a proper and timely manner. An offense under Section 13.043 is a Class C misdemeanor.

Therefore, your appointment as a volunteer deputy registrar is hereby terminated under the terms of Texas Election Code, Section 13.036 (b).

You must stop all activity as a volunteer deputy registrar immediately and return your certificate of appointment, registration applications, and any other volunteer deputy forms/supplies in your possession to my office no later than the second day after the date you receive this termination notice. From this day forward, any voter registration application received from you will be rejected by my office.

Should you have any questions concerning the matters presented in this letter, please contact Marty Morrison, Director of Voter Registration, at (713) 368-2323.

Sincerely,

A handwritten signature of Paul Bettencourt in black ink.
Paul Bettencourt
Tax Assessor-Collector and Voter Registrar
Harris County, Texas

PB:kil

TX_00002352

1001 Preston • Suite 200 • Houston, Texas 77002 • (713) 368-2200 • Fax (713) 368-2309
JA 005111

TX_00002352

USA_00019993



Paul Bettencourt

Harris County Tax Assessor - Collector
www.tax.co.harris.tx.us

December 14, 2000

Mr. Jim Britt
Lieutenant Investigator
1201 Franklin, Suite 600
Houston, TX 77002

Subject: Correction To My Letter Dated 12/08/00
Reference: Voter Registration Investigation

Dear Mr. Britt:

Please find copies of the following attached information made available to District Attorney office for the subject investigation:

- 1) Volunteer Deputy Registrar termination letters for Ms. Slaughter and Ms. Shelvin with a U.S. Post Office *return receipts for both*.
- 2) Hearing Notice of Challenge Application minutes for Ms. Sneed, Ms. Williams, and Ms. Zenon in which all three indicated the signature on the latest voter registration card was not their own.
- 3) Copies of *sixty-one* U.S. Post Office certified mail receipts from Harris County Tax Office Voter Registration challenge letter.
- 4) *Twenty-seven* U.S. Post Office Domestic Return Receipts from Item 3, Harris County Tax Office mailing.
- 5) Thirty-four copies of returned certified mail envelopes from Item 3, Harris County Tax Office mailing.

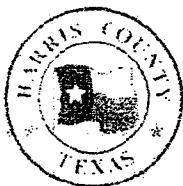
All originals are available for your inspection at any time. Please contact Marty Morrison at 713-368-2323 if you have any further requirements.

Sincerely,

A handwritten signature in black ink that appears to read "Paul Bettencourt".

Paul Bettencourt
Harris County Tax Assessor-Collector

cc: Ms. Marty Morrison, Director Voter Registration – Harris County Tax Office



Paul Bettencourt

Harris County Tax Assessor-Collector and Voter Registrar

REQUEST FOR HEARING

I, Chanelia Sneed, do hereby request a hearing to determine my eligibility for voter registration.

Chanelia Sneed
Signature of Applicant

I, the witness for this person, do affirm that I signed the document in the presence of the person who is unable to sign his/her name.

Printed Name of Person who cannot sign

Printed Name of Witness

Signature of Witness

Residence Address of Witness

or, Paul Bettencourt 10/30/00
Title of Witness if an Election Official 7:15pm

Statement: No Reasons and not her signature. First and still valid

Instruction:

If the person required to sign this document cannot sign his/her name because of physical disability or illiteracy, he/she must affix his/her mark to the document or paper and a witness must attest the mark. If the person cannot make his/her mark, the witness must state that fact on the document or paper.

Instruction to Applicant:

The request for hearing must be submitted to the voter registrar not later than the 10th day after the date of the challenge, which is noted on the form "Notice of Challenge of Application." The voter registrar will mail you a written notice of the date, hour, and place set for the hearing. The hearing will be held not later than the 10th day after the date the hearing request is filed or made or at a later date at your request.

Please mail your request for a hearing to:

The Honorable Paul Bettencourt
Harris County Tax Assessor-Collector and Voter Registrar
P. O. Box 3527
Houston, TX 77253-3527

or deliver to:

Voter Registration Department
1001 Preston, Room 200
Houston, TX 77002

Revised 10/16/00

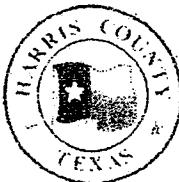
1001 Preston, Room 200

Houston, Texas 77002
TX_00002354
JA_005113

(713) 368-2200

TX_00002354

USA_00019995



Paul Bettencourt

Harris County Tax Assessor-Collector and Voter Registrar

REQUEST FOR HEARING

I, Tessia Zenon, do hereby request a hearing to determine my eligibility for voter registration.

Tessia Zenon
Signature of Applicant

I, the witness for this person, do affirm that I signed the document in the presence of the person who is unable to sign his/her name.

Printed Name of Person who cannot sign

Deborah Ann Bell Smith

Printed Name of Witness

Deborah Ann Bell Smith

Signature of Witness

5508 Morwood
Residence Address of Witness

or,

Paul Bettencourt
Title of Witness if an Election Official

Statement: 2nd Revision is Card NOT her signature. 1st and Correct

Instruction:

If the person required to sign this document cannot sign his/her name because of physical disability or illiteracy, he/she must affix his/her mark to the document or paper and a witness must attest the mark. If the person cannot make his/her mark, the witness must state that fact on the document or paper.

Instruction to Applicant:

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Please mail your request for a hearing to:

The Honorable Paul Bettencourt
Harris County Tax Assessor-Collector and Voter Registrar
P. O. Box 3527
Houston, TX 77253-3527

or deliver to:

Voter Registration Department
1001 Preston, Room 200
Houston, TX 77002

Revised 10/16/00

1001 Preston, Room 200

Houston, Texas 77002

(713) 368-2200

TX_00002355
JA_005114

TX_00002355

USA_00019996



Paul Bettencourt

Harris County Tax Assessor-Collector and Voter Registrar

REQUEST FOR HEARING

I, Petra Jo Janie Williams do hereby request a hearing to determine my eligibility for voter registration.

Handwritten signature of Petra Jo Janie Williams.

I, the witness for this person, do affirm that I signed the document in the presence of the person who is unable to sign his/her name.

Printed Name of Person who cannot sign

Printed Name of Witness

Signature of Witness

Residence Address of Witness

or, Handwritten signature of Paul Bettencourt.

Title of Witness if an Election Official

Statement: We Can't Not Ms Williams not her signature PS

Instruction:

If the person required to sign this document cannot sign his/her name because of physical disability or illiteracy, he/she must affix his/her mark to the document or paper and a witness must attest the mark. If the person cannot make his/her mark, the witness must state that fact on the document or paper.

Instruction to Applicant:

The request for hearing must be submitted to the voter registrar not later than the 10th day after the date of the challenge, which is noted on the form "Notice of Challenge of Application." The voter registrar will mail you a written notice of the date, hour, and place set for the hearing. The hearing will be held not later than the 10th day after the date the hearing request is filed or made or at a later date at your request.

Please mail your request for a hearing to:

The Honorable Paul Bettencourt

Harris County Tax Assessor-Collector and Voter Registrar

P. O. Box 3527

Houston, TX 77253-3527

or deliver to:

Voter Registration Department

1001 Preston, Room 200

Houston, TX 77002

Revised 10/16/00

1001 Preston, Room 200

Houston, Texas 77002

TX_00002356

(713) 368-2200

JA_005115

TX_00002356

USA_00019997

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Total Postage & Fees	\$	

Ms. Deborah Acosta
4210 Cavalcade # 4
Houston, TX 77026

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Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Angela Allen
6610 Wileyvale
Houston, TX 77028

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Ms. Shameka Allen
8819 Forest Hollow
Houston, TX 77078

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Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Stephanie Alexander
5014 Salina
Houston, TX 77026

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Ms. Shameka Allen
3022 Bringhurst
Houston, TX 77026

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Ms. Johnnie Ashworth
4218 Wipprecht
Houston, TX 77026

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USA_00019998

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Ms. Ieicha Bedford
 2324 Bringhurst
 Houston, TX 77026

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Recipient's Name (Please Print Clearly) (to be completed by mailer)
 Ms. Brandi Cash
 9500 Dessau Rd # 1526
 Austin, TX 78754

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Recipient's Name (Please Print Clearly) (to be completed by mailer)
 Ms. Rosalind Dawett
 2401 Hutton
 Houston, TX 77026

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Ms. Vanessa Brunch
 6579 Beeckman
 Houston, TX 77021

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 Ms. Mamie Cussell
 4210 Bertwood
 Houston, TX 77016

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

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Recipient's Name (Please Print Clearly) (to be completed by mailer)
 Ms. Melissa Deason
 12842 Bamboo Trail
 Houston, TX 77044

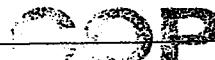
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Total Postage & Fees \$ 3.00	
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Ms. Terry Freeman 4202 Liberty Rd. Houston, TX 77026	

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Restricted Delivery Fee (Endorsement Required)	<input type="text"/>
Total Postage & Fees	\$ <input type="text"/>
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Ms. Maria Garcia 4013 Eddie Houston, TX 77026	

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Total Postage & Fees \$ <input type="text"/>	
Recipient's Name if known or otherwise no name is indicated	
Ms. Bettye Gilford 3810 Pickfair Houston, TX 77026	

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<input type="checkbox"/> Ms. Adrienne Hall <input type="checkbox"/> 5422 San Juan <input type="checkbox"/> Houston, TX 77020																			
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Recipient's Name (Please Print Clearly) (to be completed by mailer)
 Mr. Charles Harris
 5030 Teton
 Houston, TX 77030

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Ms. Rachel Hemphill
 6240 Antoine # 194
 Houston, TX 77091

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Ms. Raquel Hemphill
 7313 Northline
 Houston, TX 77076

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Ms. Ernestina Hernandez
 3719 Lila
 Houston, TX 77026

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Recipient's Name (Please Print Clearly) (to be completed by mailer)
 Ms. Rosa Hernandez
 2110 Pannell
 Houston, TX 77026

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Recipient's Name (Please Print Clearly) (to be completed by mailer)
 Ms. Latasha Howard
 4000 Watonga # 1808
 Houston, TX 77092

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TX_00002360

USA_00020001

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Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Shanna Marshall
3907 Ranch
Houston, TX 77026

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Ms. Joyce McClemore
4810 Pickfair
Houston, TX 77026

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Ms. Andrette McKelvey
6826 Heath
Houston, TX 77016

TX_00002362
JA_005121

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
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Ms. Regina Mathis
5300 Coke # 33
Houston, TX 77020

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Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Juawana McField
2822 Greggs
Houston, TX 77026

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Total Postage & Fees	\$

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Recipient's Name (Please Print Clearly) (to be completed by mailer)

Ms. Virginia Melendez
3719 Lila
Houston, TX 77026

TX_00002362

JA_005121

TX_00002362

USA_00020003

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Return Receipt Fee (Endorsement Required)	
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Total Postage & Fees	\$

Ms. Dorothy Mitchell
7818 Sandy
Houston, TX 77028

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Recipient's Name (Please Print Clearly to be completed by mailer)
Ms. Maria Negrette
3802 Lee
Houston, TX 77026

PS Form 3800, February 2000
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Ms. Tameka Norton
7440 Touchstone
Houston, TX 77028

PS Form 3800, February 2000
See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Recipient's Name (Please Print Clearly to be completed by mailer)
Ms. Barbara Oneil
6826 Heath
Houston, TX 77016

PS Form 3800, February 2000
See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Ms. Erika Palmer
4415 Hirsch
Houston, TX 77026

TX_00002363
IA_005122

PS Form 3800, February 2000
See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Ms. Luora Patrick
6202 Spaulding
Houston, TX 77028

PS Form 3800, February 2000
See Reverse for Instructions

TX_00002363

USA_00020004

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Ms. Arlesia Pickens
3813 Wipprecht # 3
Houston, TX 77026

PS Form 3800, February 2000 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Ms. Carnadia Rice
4720 Parker Rd # 3
Houston, TX 77093

PS Form 3800, February 2000 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Ms. Marcella Stephens
5700 Lost Forest # 1805

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

6385
3394
0024
0000
0600
7000

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Ms. Ina Rankins
4421 Noble
Houston, TX 77026

PS Form 3800, February 2000 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Ms. Chanerial Sneed
4302 Sayers
Houston, TX 77026

PS Form 3800, February 2000 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

TX_00002364 Ms. Carolyn Teechia
JA_005123 3803 Lila # 4

TX_00002364

USA_00020005

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Ms. Diedra Tyrone
8800 Fondren # 208
Houston, TX 77074

PS Form 3800, February 2000
See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

2994 6347

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

7000 0000

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Ms. Lurice Walton
550 Normandy # 2612
Houston, TX 77015

PS Form 3800, February 2000
See Reverse for Instructions

COPY

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Ms. Fannie Ward
4014 Lavender # 15
Houston, TX 77026

PS Form 3800, February 2000
See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

2994 5760

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

7000 0000

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Ms. Deitra Williams
6400 Hirsch
Houston, TX 77026

PS Form 3800, February 2000
See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Ms. Erica Williams
4210 Sharon
Houston, TX 77020

PS Form 3800, February 2000
See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

2994 5777

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

7000 0000

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Mr. Jerard Williams
6610 Wileyvale
Houston, TX 77028

PS Form 3800, February 2000
See Reverse for Instructions

TX_00002365
JA_005124
PS Form 3800, February 2000
See Reverse for Instructions

TX_00002365

USA_00020006

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Ms. LaDonna Williams
10030 Valley Falls
Houston, TX 77078

PS Form 3800, February 2000 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Ms. Ruthie Williams
3808 Buck
Houston, TX 77020

PS Form 3800, February 2000 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Ms. Samantha Wilson
4212 Gunter

PS Form 3800, February 2000 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

COPY

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Mr. Paul Williams
4813 Leffingwell
Houston, TX 77026

PS Form 3800, February 2000 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Ms. Sirena Williams
4210 Sharon
Houston, TX 77020

PS Form 3800, February 2000 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Recipient's Name (Please Print Clearly) (to be completed by mailer)
TX_00002366 Ms. Joycelyn Wyatt
JA_005125 1919 Runnels

PS Form 3800, February 2000 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Ms. Samantha Wilson
4212 Gunter

PS Form 3800, February 2000 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

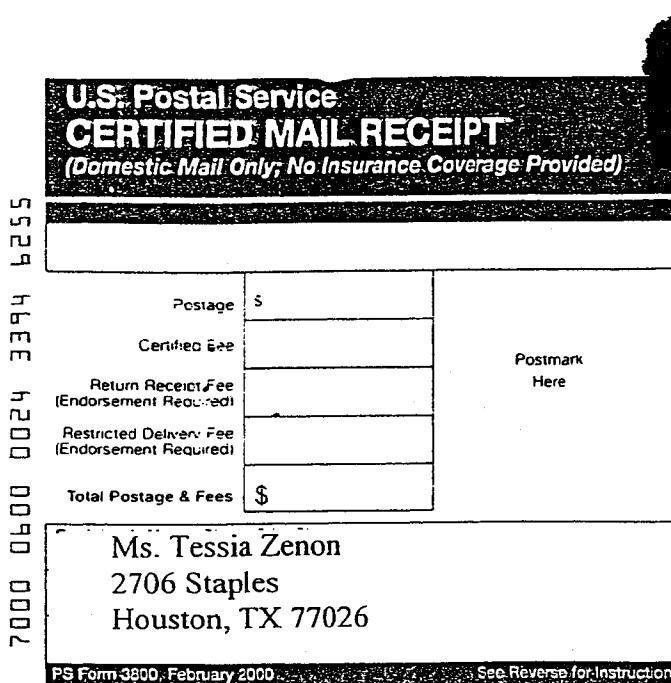
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Recipient's Name (Please Print Clearly) (to be completed by mailer)
TX_00002366 Ms. Joycelyn Wyatt
JA_005125 1919 Runnels

PS Form 3800, February 2000 See Reverse for Instructions

PS Form 3800, February 2000 See Reverse for Instructions

USA_00020007



TX_00002367
JA_005126

TX_00002367

USA_00020008

COPY

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

MS. Doraine Slaughter
3438 Tidewater Dr.
Houston, TX 77045
(Vol. DCP. #Z-3347)

5. Signature (Addressee)

6. Signature (Agent)

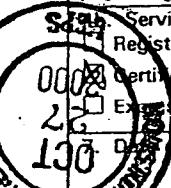
I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number

7000 0000 0024 3394 4565



4b. Service Type

Registered

Insured

Certified

COD

Express Mail

Return Receipt for Merchandise

4c. Date of Delivery

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

TX_00002368
JA_005127

TX_00002368

USA_00020009

SENDER: <ul style="list-style-type: none"> • Complete items 1 and/or 2 for additional services. • Complete items 3 and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece or on the back if space does not permit. • Write 'Return Receipt Requested' on the mailpiece below article number. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery. 	
<p>3. Article Addressed to:</p> <p>MS Janice Shelvin 16826 Heath Houston, TX 77016</p>	
<p>5. Signature (Addressee)</p> <p><i>Janice Shelvin</i></p>	
<p>6. Signature (Agent)</p>	
<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee..</p>	
<p>4a. Article Number</p> <p>7000 4000 0024 3394 4558</p>	
<p>4b. Service Type</p> <p><input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise</p>	
<p>7. Date of Delivery</p> <p>11-9-2000</p>	
<p>8. Addressee's Address (Only if requested and fee is paid)</p> <p>500 S. 3rd</p>	

TX_00002369
JA 005128

TX_00002369

USA 00020010

COPY

SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.	<p>I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

3. Article Addressed to:

Ms. Rosalind Dawett
2401 Hutton
Houston, TX 77026

4a. Article Number

7000 0600 0024 3394 6118

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

Rosalind Dawett
10-24-00

8. Addressee's Address (Only if requested and fee is paid)

10-24-00

5. Signature (Addressee)

6. Signature (Agent)

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

3. Article Addressed to:

Ms. Laura Francis
4202 Liberty Rd
Houston, TX 77026

4a. Article Number

7000 0600 0024 3394 6170

4b. Service Type

- Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

10-24-00

8. Addressee's Address (Only if requested and fee is paid)

5. Signature (Addressee)

6. Signature (Agent)

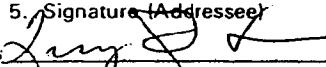
PS Form 3811, November 1990 *U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

TX_00002370
JA_005129

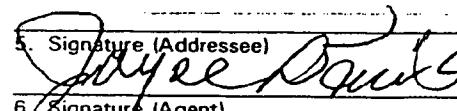
TX_00002370

USA_00020011

COPY

SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>
3. Article Addressed to: Ms. Terry Freeman 4202 Liberty Rd. Houston, TX 77026	4a. Article Number 7000 0000 0024 3395 2126	
5. Signature (Addressee) 	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent)	7. Date of Delivery 10-24-00	
8. Addressee's Address (Only if requested and fee is paid)		

PS Form 3811, November 1990 * U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>
3. Article Addressed to: Ms. Tomitria Gaston 4206 New Orleans Houston, TX 77020	4a. Article Number 7000 0000 0024 3394 6163	
5. Signature (Addressee) 	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent)	7. Date of Delivery 10-24-00	
8. Addressee's Address (Only if requested and fee is paid)		

PS Form 3811, November 1990 * U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

TX_00002371
JA_005130

TX_00002371

USA_00020012

COPY

SENDER:		I also wish to receive the following services (for an extra fee):
<ul style="list-style-type: none"> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery. 		<ol style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery <p>Consult postmaster for fee.</p>
3. Article Addressed to:		4a. Article Number
Ms. Adrienne Hall 5422 San Juan Houston, TX 77020		7000 0600 0024 3394 1051
		4b. Service Type
		<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise
		7. Date of Delivery
		8. Addressee's Address (Only if requested and fee is paid)
5. Signature (Addressee) <i>Adrienne Hall</i> 6. Signature (Agent)		

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

SENDER:		I also wish to receive the following services (for an extra fee):
<ul style="list-style-type: none"> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery. 		<ol style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery <p>Consult postmaster for fee.</p>
3. Article Addressed to:		4a. Article Number
Mr. Charles Harris 5030 Teton Houston, TX 77030		7000 0600 0024 3394 1095
		4b. Service Type
		<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise
		7. Date of Delivery
		8. Addressee's Address (Only if requested and fee is paid)
5. Signature (Addressee) <i>Charles H. Harris</i> 6. Signature (Agent)		

PS Form 3811, November 1990 *U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

TX_00002372
JA_005131

TX_00002372

USA_00020013

COPY

SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.</p>
3. Article Addressed to: Ms. Rosa Hernandez 2110 Pannell Houston, TX 77026		4a. Article Number 7000 0600 0024 3394 6101
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise
		7. Date of Delivery 10/27/00
5. Signature (Addressee) <i>Rosa Hernandez</i>		8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent)		

PS Form 3811, November 1990 *U.S. GPO: 1891-287-068 DOMESTIC RETURN RECEIPT

SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.</p>
3. Article Addressed to: Ms. Jennifer Irving 3503 Love Houston, TX 77026		4a. Article Number 7000 0600 0024 3394 6323
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise
		7. Date of Delivery 10-24-00
5. Signature (Addressee) <i>Jennifer Irving</i>		8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent)		

PS Form 3811, November 1990 *U.S. GPO: 1891-287-068 DOMESTIC RETURN RECEIPT

TX_00002373
JA_005132

TX_00002373

USA_00020014

COPY

SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.</p>
3. Article Addressed to: Ms. Maria Joya 3210 Kashmere Houston, TX 77026	4a. Article Number 7000 0600 0024 3394 6231	
4b. Service Type <ul style="list-style-type: none"><input type="checkbox"/> Registered<input type="checkbox"/> Insured<input checked="" type="checkbox"/> Certified<input type="checkbox"/> COD<input type="checkbox"/> Express Mail<input checked="" type="checkbox"/> Return Receipt for Merchandise	7. Date of Delivery 10-25-00	
5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) <i>Eugenia Joya</i>		

PS Form 3811, November 1990 * U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.</p>
3. Article Addressed to: Ms. Stacey Lewis 3108 Memel Houston, TX 77026	4a. Article Number 7000 0600 0024 3394 6279	
4b. Service Type <ul style="list-style-type: none"><input type="checkbox"/> Registered<input type="checkbox"/> Insured<input checked="" type="checkbox"/> Certified<input type="checkbox"/> COD<input type="checkbox"/> Express Mail<input checked="" type="checkbox"/> Return Receipt for Merchandise	7. Date of Delivery	
5. Signature (Addressee) <i>Stacey Lewis</i>	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent)		

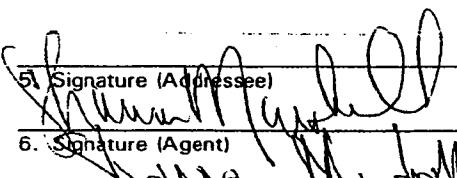
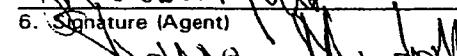
PS Form 3811, November 1990 * U.S. GPO: 1991-287-066 DOMESTIC RETURN RECEIPT

TX_00002374
JA_005133

TX_00002374

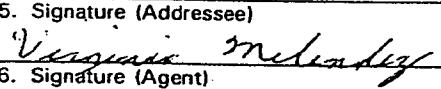
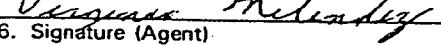
USA_00020015

COPY

SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.</p>
3. Article Addressed to: Ms. Shanna Marshall 3907 Ranch Houston, TX 77026		4a. Article Number 7000 0000 0024 3294 5739
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise
		7. Date of Delivery
5. Signature (Addressee) 		8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent) 		

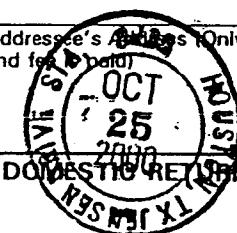
PS Form 3811, November 1990 * U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT

SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.</p>
3. Article Addressed to: Ms. Virginia Melendez 3719 Lila Houston, TX 77026		4a. Article Number 7000 0000 0024 3294 6248
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise
		7. Date of Delivery
5. Signature (Addressee) 		8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent) 		

PS Form 3811, November 1990 * U.S. GPO: 1991-287-066

DOMESTIC RETURN RECEIPT



TX_00002375
JA_005134

TX_00002375

USA_00020016

COPY**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name, and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

Ms. Maria Negrette
3802 Lee
Houston, TX 77026

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

4a. Article Number

7000 0000 0024 3394 6149

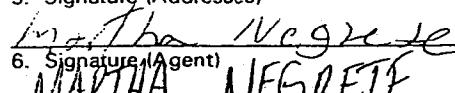
4b. Service Type

- | | |
|-----------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input checked="" type="checkbox"/> Return Receipt for Merchandise |

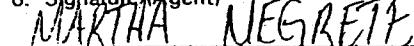
7. Date of Delivery

10-24-00

5. Signature (Addressee)



6. Signature (Agent)



8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 * U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:

Ms. Barbara O'Neil
6826 Heath
Houston, TX 77016

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

4a. Article Number

7000 0000 0024 3394 5708

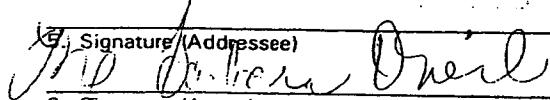
4b. Service Type

- | | |
|-----------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input checked="" type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

08-14-2000

5. Signature (Addressee)



6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 * U.S. GPO: 1991-287-068 DOMESTIC RETURN RECEIPT

TX_00002376

JA_005135

TX_00002376

USA_00020017

SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3 and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.	<p>I also wish to receive the following services (for an extra fee)</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee</p>
3. Article Addressed to: Ms. Stephanie Alexander 5014 Salina Houston, TX 77026	4a. Article Number: 7000 0600 0024 3394 6330
	4b. Service Type: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise
5. Signature (Addressee) <i>Stephanie Alexander</i>	7. Date of Delivery: 10-24-00 <i>PLS</i>
6. Signature (Agent) <i>Stephanie Alexander</i>	8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 U.S. GPO: 1991-287-066 | DOMESTIC RETURN RECEIPT

SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3 and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.	<p>I also wish to receive the following services (for an extra fee)</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee</p>
3. Article Addressed to: Ms. Shameka Allen 3022 Bringhurst Houston, TX 77026	4a. Article Number: 7000 0600 0024 3394 6004
	4b. Service Type: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise
5. Signature (Addressee) <i>Shameka Allen</i>	7. Date of Delivery: 10-24-00 <i>PLS</i>
6. Signature (Agent) <i>Shameka Allen</i>	8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 U.S. GPO: 1991-287-066 | DOMESTIC RETURN RECEIPT

TX_00002377
JA_005136

TX_00002377

USA_00020018

SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.	I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: Ms. Regina Mathis 5300 Coke # 33 Houston, TX 77020	4a. Article Number 7000 0000 0024 3395 2140
5. Signature (Addressee) <i>Regina Mathis</i>	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise
6. Signature (Agent) <i>John Mathis</i>	7. Date of Delivery 10/25/00
8. Addressee's Address (Only if requested and fee is paid) 1000 0000 0024 3395 2140	
PS Form 13811 November 1990 U.S. GPO 1991-287-066 DOMESTIC RETURN RECEIPT	

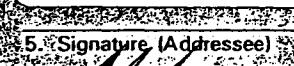
SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.	I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: Ms. Andrette McKelvey 6826 Heath Houston, TX 77016	4a. Article Number 7000 0000 0024 3394 6088
5. Signature (Addressee) <i>Andrette McKelvey</i>	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise
6. Signature (Agent)	7. Date of Delivery OCT 24 2000
8. Addressee's Address (Only if requested and fee is paid)	
PS Form 13811, November 1990 U.S. GPO 1991-287-066 DOMESTIC RETURN RECEIPT	

TX_00002378
JA_005137

TX_00002378

USA_00020019

SENDER:	
<ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete Items 3 and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.	
3. Article Addressed to: Ms. Erika Palmer 4415 Hirsch Houston, TX 77026	4a. Article Number: 7000 0000 0024 3394 5791
5. Signature (Addressee) 	4b. Service Type: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise
6. Signature (Agent)	7. Date of Delivery: 10/24/00
8. Addressee's Address (Only if requested and fee is paid) 1000 0000 0024 3394 5791	
PS Form 3811 November 1990 U.S. GPO 1991-287-066 DOMESTIC RETURN RECEIPT	

SENDER:	
<ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete Items 3 and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.	
3. Article Addressed to: Ms. Sirena Williams 4210 Sharon Houston, TX 77020	4a. Article Number: 1000 0000 0024 3394 5801
5. Signature (Addressee) 	4b. Service Type: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise
6. Signature (Agent)	7. Date of Delivery: 10/24/00
8. Addressee's Address (Only if requested and fee is paid) 1000 0000 0024 3394 5801	
PS Form 3811 November 1990 U.S. GPO 1991-287-066 DOMESTIC RETURN RECEIPT	

TX_00002379
JA_005138

TX_00002379

USA_00020020

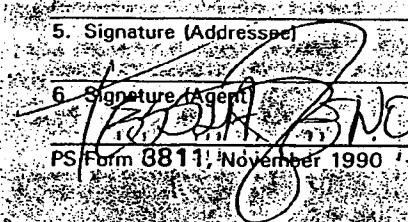
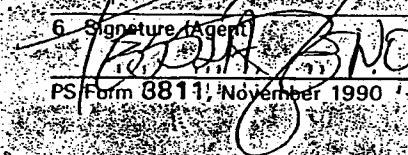
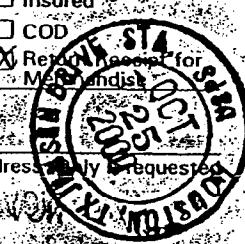
SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>
3. Article Addressed to: Ms. Chanerial Sneed 4302 Sayers Houston, TX 77026	4a. Article Number 7000 0600 0024 3394 5760	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	7. Date of Delivery 8/10/2000	
5. Signature (Addressee) <i>Chanerial Sneed</i>	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) <i>Deitra Willians</i>		
PS Form 3811, November 1990 <small>54 U.S. GPO: 1991-287-066</small> DOMESTIC RETURN RECEIPT		

SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input checked="" type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>
3. Article Addressed to: Ms. Deitra Willians 6400 Hirsch Houston, TX 77026	4a. Article Number 7000 0600 0024 3394 5760	
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	7. Date of Delivery 	
5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) <i>Deitra Willians</i>		
PS Form 3811, November 1990 <small>54 U.S. GPO: 1991-287-066</small> DOMESTIC RETURN RECEIPT		

TX_00002380
JA_005139

TX_00002380

USA_00020021

SENDER: <ul style="list-style-type: none">• Complete items 1 and/or 2 for additional services.• Complete items 3, and 4a & b.• Print your name and address on the reverse of this form so that we can return this card to you.• Attach this form to the front of the mailpiece, or on the back if space does not permit.• Write "Return Receipt Requested" on the mailpiece below the article number.• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>
3. Article Addressed to: Ms. Tessia Zenon 2706 Staples Houston, TX 77026	4a. Article Number: 10000000002423946255	
5. Signature (Addressee) 	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
6. Signature (Agent) 	7. Date of Delivery 	
8. Addressee's Address (only requested and fee is paid)		
DOMESTIC RETURN RECEIPT		

PS Form 6811 November 1990 * U.S. GPO: 1991-287-068

TX_00002381
JA_005140

TX_00002381

USA_00020022

	Harris County Deceased Voting History					
	Certificate	Last Name	First Name	DOD	Year Voted	Additional Voting Year
1	00304006	Arnold	James	5/13/1993	3/8/1994	
2	02651602	Blesener	Ambrose	6/6/1996	3/10/1998	11/7/2000
3	02651602	Bourdon	Maxine	7/15/1991	11/8/1994	
4	03093879	Burden	Edda	8/26/1998	11/3/1998	
5	27680636	Campbell	E S	9/27/1993	11/5/1996	
6	03211703	Coleman	Ledorse	5/8/1995	11/3/1998	
7	00888792	Doe	Lula	Jan 1993	11/3/1998	
8	10102986	Furlong	Tomas	Aug 1983	11/5/1996	
9	12278172	Guidry	John	5/22/1994	4/9/1996	3/10/1998
10	09244013	Henry	Edmond	10/19/1994	11/5/1996	
11	03470978	Holzwarth	Karl	3/31/1996	11/3/1998	
12	09111295	Kapelka	Joyce	1/9/1998	11/3/1998	
13	01312024	Hitching	T D	6/29/1996	11/5/1996	
14	01658962	Longmire	Sylvester	11/15/1996	11/3/1998	
15	10205037	McLean	Willis	5/24/1995	3/10/1998	
16	01154038	Mirns	Frank	1/26/1993	11/5/1996	
17	01688720	Monroe	Robert	5/31/1998	11/3/1998	
18	24852279	Navarro	Edward	8/15/1996	11/5/1996	
19	04538682	Rogers	L C	10/15/1987	11/4/1997	
20	11193695	Rowe	John	9/19/1990	11/3/1998	
21	37677119	Sklar	Mendel	1/5/1998	11/3/1998	
22	20990974	Smith	Stella	4/9/1997	3/14/2000	
23	26841015	Spell	Billy	10/20/1991	11/5/1996	
24	00746719	Vanderlyn	J R	May 1983	11/5/1996	

TX_00002382
JA_005141 Exhibit 33

TX_00002382

USA_00020023

Votec Election Management System - User ID: [REDACTED]

Mine Window

File Number: ARNOLD JAMES P

Date Submitted: 03/06/1994 Status: CD Reason: DEC

Precinct: 0476 Sub: CERT # 304006

Last: ARNOLD First: JAMES Middle: P

Former:

Residence Address:
Street #: 10830 Fract: SAGEWIND Dir: DR Name: SAGEWIND Type: DR

City: HO Zip: 77089 Muni: HOUSTON Post Office: HOUSTON Unit Type: CAN Unit #: CAN

Address Exception: CAN

Voting History for ARNOLD JAMES P

Election	Date	Voting Codes	Election Description
0334	03/06/1994	P D	PRIMARY ELECTION

OK

Former County

SSN4

Birth Place

Signed? Y

Privacy

More

CN PW Interest ID Rcvd

10/17/1999 12:00 AM

TX_00002383
JA_005142

TX_00002383

USA_00020024

Have you ever sustained any accidental bodily injury requiring medical attention? Yes No

If so, what type? _____ ARNOLD, JAMES P

Has any member of your family ever sustained any accident?

--6630400-6--

DX

N

If so, what type? _____

Make Name / Address Changes below

HC05461812

SEP 29 1999



ARNOLD, JAMES P
10830 SAGEWIND DR
HOUSTON, TX 77089-3821

James P. Arnold
is deceased as
of May 13, 1993

Business phone no. _____

Home phone no. _____ 00304006

Your voter cert. no. _____

Your Texas drivers license or I.D. no. _____

Your religious preference (optional) _____

Your social security no. (optional) _____

SIGNATURE _____

130173

APPLICATION FOR VOTER REGISTRATION CERTIFICATE

HARRIS COUNTY, TEXAS

016358

0030400-6

ARNOLD, JAMES P

CHECK HERE IF SERVICEMAN OR STUDENT

18

AGE

33

SEX:

MALE

VOTING

PRECINCT

CONTROL NO.

RESIDENT ADDRESS
10830 SAGEWIND DR
HOUSTON

076

(IF KNOWN)

VOTER'S NAME (MAIL CERTIFICATE TO THE FOLLOWING TEMPORARY ADDRESS
IF IT IS NOT TO BE MAILED TO THE PERMANENT ADDRESS ABOVE)

ARNOLD, JAMES P
10830 SAGEWIND DR
HOUSTON TX

CORRECTIONS

EXCEPTIONS

SHOW DATE OF ARRIVAL

MONTH DAY YEAR

IF IN TEXAS LESS THAN 1 YEAR

MONTH DAY YEAR

IF IN COUNTY LESS THAN 6 MOS

MONTH DAY YEAR

IF IN CITY LESS THAN 6 MOS

MONTH DAY YEAR

*# UNDER 21, SHOW DATE OF BIRTH

MONTH DAY YEAR

NAME

ADDRESS

STREET

CITY

ZIP CODE

NAME

ADDRESS

TELEPHONE NUMBER
(IF KNOWN)

WIFE FATHER MOTHER SON OR DAUGHTER ONLY

(CIRCLE ONE WHERE APPLICABLE)

TO COMPLETE APPLICATION OTHER SIDE MUST BE FILLED IN

TX_00002384

JA_005143

TX_00002384

USA_00020025

PUBLICDATA.com

SSA Death Master File Detail

Name ARNOLD,JAMES P	Social Security Number	Verify/Proof none found	Last Known ZIP Code
Lump Sum Payment ZIP Code	State/Country of Residence none found	Date of Birth Sep 17 1938	Date of Death May 13 1993

The detail view of this record will be recorded as one 'Detail look-up'

<http://www3.publicdata.com/cgi-win/pd.exe/Detail?db=USSSDM&ed=31&rec=53228543&...> 5/2/2007

TX_00002385
JA_005144

TX_00002385

USA_00020026

Votec Election Management System - User Interface

Mine Window

File Edit View NVRA Source Notices Districts Polling Place Reg Hist View Vot Hist

New Add Save Exit View Prov Bits Cancel NVRA Drop Sub CERT #

File Number Date Submitted Status / Reason Precinct Sub CERT #
CD DEC 0064 2651602

Last First Middle Former Suffix
BLESENER AMBROSE JOSEPH

Residence Address File Dir Name Type Dir Unit Type Unit #
Street# Fract Zip Muni Post Office Address Exception CAN
904 HO 77011 HOUSTON HOUSTON CAN

Mail Address P O BOX 9164 Gender M DOB 09/21/1912 Former County Former Resid
SSN4 Birth Place
Signed? Y Privacy More
PW Interest ID Rcvd
07/20/2001 12:00 AM

Voting History for BLESENER

Election	Date	Voting Codes	Election Description
1100	07/2000	E	2000 GENERAL ELECTION
0398	03/10/1998	E D	PRIMARY ELECTION
0394	03/08/1994	P D	PRIMARY ELECTION

TX_00002386
JA_005145

TX_00002386
USA_00020027

APPLICATION FOR VOTER REGISTRATION CERTIFICATE				0265160-2	
				HARRIS COUNTY, TEXAS 048483 RLESENER AMBROSE J	
376720	AGE	59	SEX:	<input checked="" type="checkbox"/> MALE	RESIDENCE
CHECK HERE IF SERVICEMAN OR STUDENT				DATE 4/1/14 / 4 / 14	
STATEMENT: I CERTIFY THAT THE APPLICANT IS 65 YEARS OF AGE OR OVER, A CITIZEN OF THE UNITED STATES AND HAS LIVED IN TEXAS FOR MORE THAN ONE YEAR AND IN COUNTY FOR MORE THAN SIX MONTHS PRECEDING THE DATE OF THIS APPLICATION EXCEPT AS LISTED BELOW. I UNDERSTAND THAT GIVING OF FALSE INFORMATION TO PROCEDE THE EXEMPTION OF A VOTER IS A FELONY.				RESIDENT ADDRESS	
EXEMPTIONS				VOTING FREQUENCY	
IF ON DATE OF ARRIVAL	MONTH	DAY	YEAR	CONTROL NO.	
IF IN TEXAS LESS THAN 1 YEAR				IN UNKNOWN	
IF IN COUNTY LESS THAN 6 MOS				CORRECTIONS	
IF IN CTRY LESS THAN 6 MOS					
UNDER 71, SHOW DATE OF BIRTH	ADDRESS			STREET	CITY ZIP CODE
ME				TELEPHONE NUMBER	
SIGNATURE OF VOTER/AGENT					
HUSBAND	WIFE	FATHER	MOTHER	SON OR DAUGHTER ONLY	(CIRCLE ONE WHERE APPLICABLE)

TO COMPLETE APPLICATION OTHER SIDE MUST BE FILLED IN

JUN 14 1993

OVER 65 PERMANENT EXEMPTION FROM JURY SERVICE

TEXAS DRIVER'S LIC. # 048483 VOTER CERT. # 048483

D.P.S. IDENTIFICATION # 2 CODE 2 DATE 7-17-93

NAME BLESNER AMBROSE JOSEPH

LAST FIRST MIDDLE

ADDRESS 904 Wooding Houston 77011

DATE OF BIRTH 9-21-1912

PLACE OF BIRTH NORTHFIELD, MINNESOTA

IN ACCORDANCE WITH ARTICLE 2137a, REVISED CIVIL STATUTES OF TEXAS, I AFFIRM THAT I AM OVER 65 YEARS OF AGE AND DESIRE A PERMANENT EXEMPTION FROM JURY SERVICE ON THAT GROUND.

SIGNATURE Ambruse J. Blesner DATE 7-17-93

Name on record Blesner Ambrose J Dep. None

TX_00002387
 JA_005146

TX_00002387

USA_00020028

PUBLICDATA.com

►Texas Driver Detail

Name BLESENER,AMBROSE JOSEPH	License number (
Address 904 WOODING ST	DOB Sep 21 1912	Class I
City/Zip HOUSTON 77011	Gender Male	Race White
Height 510	Weight 200	Eye color Blue
Last transaction date Nov 25 1999	Last transaction Delete record	
<i>Above information as provided by state - below is our annotations</i>		
Address (click to find others) 904 Wooding St	City/State/Zip (click to find others) Houston , TX 77011-2604	

200 | 100

<http://.../Detail?db=txdl&rec=4466053&dlnumber=HARRIS006&dlstate=CORP&id=1104493> 5/10/01

TX_00002388
JA_005147

TX_00002388

USA_00020029

PUBLICDATA.COM

SSA Death Master File Detail

Name	Social Security Number	
BLESENER,AMBROSE		
Last Known Zip Code	Date of Birth	Date of Death
77261	Sep 21 1912	Jun 6 1996

02651602

<http://www.PUBLICDATA.com/Detail?db=ssadmf&rec=47534351&dlnumber=006991732&dlstate=TX&id=894976> 5/10/01

TX_00002389
JA_005148

TX_00002389

USA_00020030

Object Name: pc_fileno

Page 1 of 1

Office of Beverly B. Kaufman, County Clerk, Harris County, Texas
Probate Court Inquiry System

R.C. DOCKET. SUB.	APPLICANT'S NAME AND ADDRESS	ATTORNEY OF RECORD AND ADDRESS	NATURE OF PROC	DATE OPEND. MM DD YYYY. FILM CODE
3 284210 001 BLESENER AMBROSE J*D* 904 WOODING ST	BLESENER RITA A HOUSTON TX 77011	SCHULTZ MARJORIE S 3220 LOUISIANA #201	PW-LT	07-18-1996 642792226

Total lines retrieved = 2 Lines displayed = 2

[Back to Inquiry](#) [Main Menu](#)

Voter Update (c1update 03.06)									
NEW	ADD	EDIT	SAVE	EXIT	View	Prov. Bits	CANCEL	W/ta Dup.	NOTICES
NVRA Source:		Date Submitted	Status	Reason	Precinct	Sub	CERT #	Districts	
			CB	DEC	0148		3093879		
File Number: <input type="text"/>									
Last:	First:	Middle:	Former:	Suffix:					
BOURDON	MAXINE	M MRS							
Residence Address									
Street #	Frac	Dir.	Name	Type	Dir	Unit Type	Unit #		
2226			MACARTHUR						
City/HO	Zip	77030	Muni	HOUSTON	Post Office	HOUSTON		Address Exception	CAN
Mail Address									
City:	State:	Gender: F DOB 12/05/1910							
Zip:		SSN: <input type="text"/>							
City:									
State:									
Alt/Mail Address									
DL#	DL#	SSN#	SSN#	Birth Place	Birth Place	Party	Party	Address	Address
CitizenShip: Y Signed: Y									
Country:	Language:								
Transfer	Effective Date	10/17/2000	No ID#	No SSN	EWant/Get	JDRcv			
Comments: <input type="text"/>									
Election Roles: <input type="text"/> Updated on: 06/20/2012 by: 3093879									

county clerk says
last voted
11/8/1994

TX_00002391
JA_005150

TX_00002391

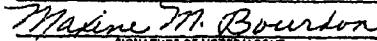
USA_00020032

134834		APPLICATION FOR VOTER REGISTRATION CERTIFICATE HARRIS COUNTY, TEXAS			054869	0309387-9
134834		AGE	61	SEX:	<input checked="" type="checkbox"/> MALE	DATE 11/11/77
<input type="checkbox"/> CHECK HERE IF SERVICEMAN OR STUDENT RESIDENCE CERTIFICATE: I STATE THAT THE APPLICANT IS 18 YEARS OF AGE OR OVER, A CITIZEN OF THE UNITED STATES AND HAS BEEN IN TEXAS MORE THAN 1 YEAR AND IN COUNTY AND CITY MORE THAN 6 MONTHS PRECEDING THIS DATE. I UNDERSTAND THAT APPLICATION EXCEPT AS UTILITY BILL, IS AN ACT OF DISHONESTY. I UNDERSTAND THAT THE ACQUISITION OF A VOTER'S INFORMATION TO PROCURE THE REGISTRATION OF A VOTER IS A CRIME. <small>EXCEPTIONS</small>						21505208
		MONTH	DAY	YEAR		
SHOW DATE OF ARRIVAL						
# IN TEXAS LESS THAN 1 YEAR						
# IN COUNTY LESS THAN 6 MOS.						
# IN CITY LESS THAN 6 MOS.						
*IF UNDER 21, SHOW DATE OF BIRTH						
<small>P. UNDERS 21 YEARS OLD, NEVER MARRIED AND MINORITY DISABILITIES HAVE NOT BEEN REMOVED BY COURT, GIVE NAME AND ADDRESS OF PARENT OR GUARDIAN</small>						
NAME		ADDRESS	STREET	CITY	ZIP CODE	
S. Bourdon		S. Bourdon			77025	
SIGNATURE OF VOTER/AGENT		TELEPHONE NUMBER				
MOTHER SON OR DAUGHTER ONLY						
ONE SIDE OF THIS FORM						
TO COMPLETE APPLICATION OTHER SIDE MUST BE FILLED IN						

TX_00002392

USA_00020033

TX_00002392
JA_005151

040822	040822	APPLICATION FOR RENEWAL OF VOTER REGISTRATION HARRIS COUNTY, TEXAS		CERTIFICATE NO. A366688			
		AGE	64	SEX	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	DATE	JAN 8 1975
FOR VOTING YEAR BEGINNING MARCH 1, 1975, AND SUCCEEDING THREE YEARS							
STATEMENT:		RESIDENT ADDRESS-DO NOT USE P.O. BOX		PRECINCT NO.			
I CERTIFY THAT I AM A CITIZEN OF THE UNITED STATES AND AM STILL A QUALIFIED ELECTOR OF HARRIS COUNTY, TEXAS. BY RETURNING THIS SIGNED STATEMENT TO THE REGISTRAR, I WILL BE REGISTERED FOR THE THREE (3) SUCCEEDING VOTING YEARS BEGINNING MARCH 1, 1975.		2226 MACARTHUR HOUSTON		148			
I UNDERSTAND THAT THE GIVING OF FALSE INFORMATION TO PROCUER THE REGISTRATION OF A VOTER IS A FELONY.		VOTER'S NAME: MAILING ADDRESS		CORRECTIONS			
BOURDON MAXINE M HRS 2226 MACARTHUR HOUSTON TX 77025							
SOCIAL SECURITY NUMBER		TELEPHONE NUMBER					
 <small>SIGNATURE OF VOTER/AGENT HUSBAND WIFE, FATHER, MOTHER, SON OR DAUGHTER JANUARY 29</small>							
THIS STATEMENT MUST BE RETURNED TO THE VOTER REGISTRAR BY MARCH 1, 1975 FOR CONTINUOUS REGISTRATION SEE OTHER SIDE							

215705191

0309387-9

TX_00002393
JA_005152

TX_00002393

USA_00020034

OVER 65 CERT # <u>12-17-79</u>			
PERMANENT EXEMPTION DEC 31 1979 CODE <u>Y</u> DATE <u>12-17-79</u>			
FROM JURY SERVICE			
NAME <u>Boudreaux, Mrs. Maxine M.</u>	Last	First	Middle
ADDRESS <u>10226 MacArthur Houston, Texas 77030</u>	Street	City	State Zip
In accordance with Article 2137a, Revised Civil Statutes of Texas, I affirm that I am over 65 years of age and desire a permanent exemption from jury service on that ground.			
<u>X</u> <u>Maxine M. Boudreaux</u>	Signature Date signed		
	<u>12-27-79</u>		
0309387-9	215705182		

TX_00002394
JA_005153USA_00020035
TX_00002394

I hereby confirm that BOURDON MAXINE M MRS is:
 Deceased. Not deceased and the information is inaccurate.

Signature Barbara K. Lassia Date 8-24-00

My relationship to BOURDON MAXINE M MRS is: daughter

Please complete this form and return to: Paul Bettencourt
Tax Assessor-Collector
P. O. Box 3527
Houston, TX 77253-3527

Barcode: 03093879
215705173

Re: Voter Registration Notice 03093879

03093879

Last voted
11/8/94

TX_00002395
USA_00020036

TX_00002395
JA_005154

TX_00002395

PUBLICDATA.com

→SSA Death Master File Detail

Name BOURDON,MAXINE M	Social Security Number [redacted]	Verify/Proof none found	Last Known ZIP Code 77030
Lump Sum Payment ZIP Code [redacted]	State/Country of Residence none found	Date of Birth Dec 5 1910	Date of Death Jul 15 1991

The detail view of this record will be recorded as one 'Detail look-up'.

<http://www7.publicdata.com/cgi-win/pd.exe/Detail?db=USSSDM&ed=31&rec=54519678&...> 5/2/2007

TX_00002396
JA_005155

TX_00002396

USA_00020037

Votec Election Management System

Mine Window

File		Edit		Exit		Scan	Prov Bits	Cancel	HVRA Dup	Notices	Districts	Reg Hist	View Vot Hist
New	Add	Save	Exit	View									
HVRA Source				Date Submitted	Status / Reason	Precinct	Sub	CERT #					
					CD DEC	0319	-	27680636					
				File Number		ctupdate		ID Compliant Y					
Last	First		Middle		Former		Suffix						
BURDEN	EDDA		MEDLHAMMER										
Residence Address				Type	Dir	Unit Type	Unit #						
Street #	Frac	Dir	Name	DR									
4323			BROOKFIELD										
City/HO	Zip 77045	Muni	HOUSTON	Post Office	HOUSTON			Address Exception	CAN				
Mail Address				Gender	F	DOB	12/28/1943	Former County	Former Resid				
								SSN:					
Voting History for BURDEN, EDDA				Signed?	Y	Birth Place	GERMANY XX						
Election	Date	Voting Codes	Description		Privacy	More							
1188	11/03/1998	E	GENERAL ELECTION										
1195	11/05/1996	E	GENERAL ELECTION										
0396	03/12/1996	E R	PRIMARY ELECTION										
				PW Interest	ID Rcvd								
				12/27/2000 12:00 AM									
				12/27/2000 12:00 AM									

TX_00002397
JA 005156

TX_00002397

USA 00020038

2768063-6

215840240

W1782		VOTER REGISTRATION APPLICATION (SOLICITUD PARA REGISTRO DE VOTANTE)		
PLEASE COMPLETE ALL OF THE INFORMATION BELOW. PRINT IN INK OR TYPE.		POR FAVOR COMPLETE LA SUCINTA INFORMACIÓN A continuación. IMPRIMA EN TINTA.		
First Name (NOT HUSBAND'S) (Nombre de Pila) (NO DEL ESPOSO)		Middle Name (If any) (Segundo Nombre)		Maiden Name (Nombre de Soltera)
Last Name (Apellido)		Last Name (Apellido)		J19
Sex (Sexo)	Date of Birth (Fecha de Nacimiento)	Place of Birth (Lugar de Nacimiento) city or county (ciudad o condado)	Country state or foreign country (Estado o país extranjero)	Old Address of Former Residence (Dirección de su residencia previa)
F	12-28-41	B	GOPP-HOLHEIM GERMANY	10-20-56
Permanent Residence Address: Street Address and Apartment Number, City, State, and ZIP. If none, describe. P.O. Box or Rural RT. (Dirección de Residencia Permanente. Calle y Número de Departamento, Ciudad, Estado y C.P.) (No incluya su caja postal o ruta rural)				
4323 BROOKFIELD Houston, TX				
Mailing Address, City, State and ZIP: If mail cannot be delivered to your permanent residence address. (Dirección Postal, Ciudad, Estado y Zona Postal) (si es imposible entregar correspondencia a su dirección permanente)				
Soc. Sec. (Número de Socio Social)				
Telephone Number (Optional) (Número de teléfono) (opcional)				
Previous Number (Known) (Número anterior) (sabido)				
G.T. 10-20-56				
Previously convicted of a felony or, if a felon, giving of false information to procure the ballot. (El solicitante no ha sido probado culpable				
Finalmente de un crimen, o, si es criminal, está elegible para registrarse para votar bajo las condiciones de la Sección 13.001(a)(4) del Código de Elecciones de Texas. Yo entiendo que es un delito menor dar información falsa con motivo de conseguir el registro de un voto)				
X Eddie BURDEN				
Signature of Applicant or Agent or Printed Name of Applicant Signed by Witness (Firma del Solicitud o Agente o Nombre del Solicitud En Letra de Molde Si Fue Firmado Por Un Testigo)				
Relationship (Parentesco)				
FOR WITNESS PARA TESTIGO				
I declare under penalty of perjury that I am the wife of the applicant or his son or daughter. (Yo declaro bajo pena de perjurio que soy la esposa del solicitante o su hijo o hija)				
I declare under penalty of perjury that I am the mother of the applicant or his son or daughter. (Yo declaro bajo pena de perjurio que soy la madre del solicitante o su hijo o hija)				
I declare under penalty of perjury that I am the wife of the applicant or his son or daughter. (Yo declaro bajo pena de perjurio que soy la esposa del solicitante o su hijo o hija)				
I declare under penalty of perjury that I am the mother of the applicant or his son or daughter. (Yo declaro bajo pena de perjurio que soy la madre del solicitante o su hijo o hija)				

TX_00002398
JA 005157

TX 00002398

USA 00020039

2768063-6

215840231

VOTER REGISTRATION APPLICATION (SOLICITUD PARA REGISTRO DE VOTO)				
PLEASE COMPLETE ALL OF THE INFORMATION BELOW. PRINT IN INK OR TYPE. (POR FAVOR COMPLETE LA SIGUIENTE INFORMACION. ESCRIBA EN LETRA DE MOLDE CON TINTA O ESCRIBA A MAQUINAS)				
		For Office No. 1-2-3 PCT C-1		TANDEM
Last Name (Apellido)	First Name (NOT HUSBAND'S) (Nombre de Pila) (NO DEL ESPOSO)	Middle Name (If any) (Segundo Nombre) (Si tiene)	EDR	
BURDEN	EDDA	ROSE	Maiden Name (Apellido de Soltera)	
Sex (Sexo)	Date of Birth (Fecha de Nacimiento)	Place of Birth (Lugar de Nacimiento) city or county (ciudad o condado)	County and (Condado y el estado o país extranjero)	Address of Former Residence dónde vivió su residencia previa)
F	12 28 43 month, day, year (el mes, el dia, el año)	6000-442 Germany	7553	Kuchen Zurinnerstr. 3
Permanent Residence Address: Street Address and Apartment Number, City, State, and ZIP. If none, describe P.O. Box or Rural RT.) (Dirección de Residencia Permanente: Calle y Número de Departamento, Ciudad, Estado, y Código Postal). No incluya su caja postal o ruta rural.)				
4323 Brookfield Houston Tx 77045				
Mailing Address, City, State and ZIP: If mail cannot be delivered to your permanent residence address. (Dirección Postal, Ciudad, Estado y Zona Postal) (si es imposible entregar corresponden- cia a su dirección permanente)				
<p>The applicant is a citizen of the United States and a resident of this county. Applicant has not been found guilty or convicted of a felony or, if a felon, is eligible for registration under Section 13.001(a)(4) of the Texas Election Code. I understand that the giving of false information to procure the registration of a voter is a misdemeanor. (El solicitante es ciudadano de los Estados Unidos y es residente de esta condado. El solicitante no ha sido finalmente declarado culpable de un crimen, o, si es criminal, está elegible para registrarse para votar bajo las condiciones de la Sección 13.001(d)(4) del Código de Elecciones de Texas. Yo entiendo que es un delito menor dar infor- mación falsa con motivo de conseguir el registro de un votante.)</p> <p>X EDDA BURDEN</p> <p>Signature of Applicant or Agent or Printed Name of Appli- cant if Signed by Witness (Firma del Suplicante o Agente, o Nom- bre del Suplicante En Letra de Molde Si Fue Firmado; Por Un Testigo)</p>				
<p>Court of Naturalization, If Applicable (Corte de Naturalización, Si Aplicable)</p> <p>For voter registration purposes, you must be registered as a voter in your state and must either be a citizen of the United States or a son or daughter. (La solicitud podrá estar dirigida por un juez que habrá presentado una solicitud para registrarse para votar, y deberá ser el esposo, esposa, padre, madre, hijo o hijo de un votante.)</p> <p>Relationship (Parentesco)</p>				
<p>Telephone Number (Up to 12 digits) (Número de teléfono (hasta 12 dígitos))</p> <p>Local Telephone Number (If known) (Número local de teléfono (Si se sabe))</p> <p>SEP 10 1995</p> <p>OCT 10 1990</p>				
<p>I declare under penalty of perjury that I have not been convicted of a felony or, if a felon, am not eligible for registration under Section 13.001(a)(4) of the Texas Election Code. I further declare that I am a citizen of the United States and a registered voter and that either I am a son or daughter of the voter or I am the voter's spouse. (Yo declaro que no he sido declarado culpable de un delito menor o, si es un delito menor, no estoy elegible para registrarme de acuerdo con la sección 13.001(a)(4) del Código de Elecciones de Texas. Declaro que soy ciudadano de los Estados Unidos y que soy votante registrado y que o soy hijo o hija del votante o soy el votante en calidad de cónyuge. Yo declaro que el agente o el testigo no es el votante mencionado en la solicitud de votante.)</p>				

TX_00002399
IA 005158

TX 00002399

USA 00020040

Paul Bettencourt

Harris County Tax Assessor-Collector and Voter Registrar

Date Mailed:August 22, 2000

Rec'd
8/23/00
FBI



BURDEN EDDA MEDLHAMMER
4323 BROOKFIELD DR
HOUSTON TX 77045-6207

ANSWER The answer is 1000.

VOTER REGISTRATION NOTICE

The addressee's name, Social Security number, and date of birth matched exactly with that of a record in the Social Security Death Index database. This indicates that the registered voter named in this notice is deceased.

Please respond by providing the information requested below. Please include your signature and your relationship to the voter in the space provided below. Upon the receipt of your response, we will update the record. This notice will not affect your Social Security benefits.

WARNING: This voter registration is subject to cancellation if an appropriate reply is not provided to the voter registrar by the 60th day after the date this notice is mailed (Texas Election Code Sec. 16.033 (c)).

If you have any questions, or if this information is inaccurate, please call our office at (713) 224-1819 as soon as possible. Our Web site at [www.tax.co.harris.tx.us] contains an updated Harris County Voter Registration database for your reference.

Thank you for your assistance.

Paul Bettencourt
Voter Registrar, Harris County, Texas

Marty Morrison
Director of Voter Registration

I hereby confirm that BURDEN EDDA MEDLHAMMER is:

77(180)13-18

~~✓~~ Deceased. Aug 23, 1998.

Not deceased and the information is inaccurate.

Signature Wesl. G. Burden

Date 8/23/00

My relationship to BURDEN EDDA MEDLHAMMER is: Daughter

Please complete this form and return to:

**Paul Bettencourt
Tax Assessor-Collector
P. O. Box 3527
Houston, TX 77253-3527**

TX_00002400
JA 005159

TX 00002400

USA 00020041

PUBLICDATA.COM

♦SSA Death Master File Detail

Name BURDEN,EDDA R	Social Security Number	Verify/Proof Death certificate observed	Last Known ZIP Code 77045
Lump Sum Payment ZIP Code	State/Country of Residence none found	Date of Birth Dec 28 1943	Date of Death Aug 26 1998

The detail view of this record will be recorded as one 'Detail look-up'.

<http://www3.publicdata.com/cgi-win/pd.exe/Detail?db=USSSDM&ed=31&rec=52462413&...> 5/2/2007

TX_00002401
JA_005160

TX_00002401

USA_00020042

Votec Election Management System - User Guide

Voter Update Record

File Number		cupdate		ID Compliant Y	
Last	First	Middle	Former	Suffix	
CAMPBELL	E	S			
Residence Address		Type	Dir	Unit Type	Unit #
Street#	Fract	Dir	Name		
8114			CADAWAC	RD	
City	HO	Zip	77074	Muni	HOUSTON
				Post Office	HOUSTON
Mail Address		Gender	M	DOB	10/03/1919
		Former County		Former State	
		SSN4			
		Birth Place			
		Signed? Y			
		Privacy			
		PW Interest	ID Rcvd		
					07/20/2001 12:00 AM
					TER-FOC

Voting History for CAMPBELL E

Election	Date	Voting Codes	Election Description
1196	07/05/1996	E	GENERAL ELECTION

TX_00002402
JA_005161

TX_00002402

USA_00020043

APPLICATION FOR VOTER REGISTRATION CERTIFICATE			
HARRIS COUNTY, TEXAS			
AGE 52		SEX: <input checked="" type="checkbox"/> MALE	CAMPBELL E S MR
<input type="checkbox"/> CHECK HERE IF SERVICEMAN OR STUDENT		MAILING ADDRESS	
RESIDENCE: I CERTIFY THAT THE APPLICANT IS 65 YEARS OF AGE OR OLDER AND HAS BEEN A RESIDENT OF THE STATE OF TEXAS AND HAS RESIDED IN TEXAS MORE THAN 1 YEAR AND IN COUNTY AND CITY MORE THAN SIX MONTHS PRECEDING THE DATE OF THIS APPLICATION EXCEPT AS LISTED BELOW. I UNDERSTAND THAT THE GIVING OF FALSE INFORMATION TO PRODUCE THE REGISTRATION OF A VOTER IS A FELONY.		VOTING PRECINCT	
EXCEPTIONS:		IF KNOWN	
SHOW DATE OF BIRTH	MONTH	DAY	YEAR
<input type="checkbox"/> IF IN TEXAS LESS THAN 1 YEAR			
<input type="checkbox"/> IF IN COUNTY LESS THAN 6 MOS			
<input type="checkbox"/> IF IN CITY LESS THAN 6 MOS			
* IF UNDER 21, SHOW DATE OF BIRTH			
* UNDERS 21, NEVER MARRIED AND MINORITY DIVISIONS HAVE NOT BEEN REMOVED BY COURT, GIVE NAME AND ADDRESS OF GUARDIAN <input checked="" type="checkbox"/> X X X X			
NAME <input checked="" type="checkbox"/> HUSBAND		ADDRESS STREET <input checked="" type="checkbox"/> WIFE <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> SON OR DAUGHTER ONLY	
SIGNATURE OF VOTER/AGENT* (CIRCLE ONE WHERE APPLICABLE)		TELEPHONE NUMBER (IF KNOWN)	
TO COMPLETE APPLICATION OTHER SIDE MUST BE FILLED IN			

OVER 65

PERMANENT EXEMPTION
FROM JURY SERVICE

SEP 10 1990

CERT # 0321170-3

CODE 2 DATE 9-4-90

NAME CAMPBELL

EDWIN

S.

Last

First

Middle

ADDRESS 8114 CADAWAC DR Houston TX 77071DATE OF BIRTH 10-3-199/7/90
9/11/90PLACE OF BIRTH PEARSON, TEXASIN ACCORDANCE WITH ARTICLE 2137a, REVISED CIVIL STATUTES OF TEXAS,
I AFFIRM THAT I AM OVER 65 YEARS OF AGE AND DESIRE A PERMANENT
EXEMPTION FROM JURY SERVICE ON THAT GROUND.E.S. Campbell

Signed

9-7-90

Name on record CAMPBELL P.S. MR.Date signed
Dep. Son

TX_00002403

JA_005162

TX_00002403

USA_00020044

PublicData.Com [SSA Death Master File Detail]

Page 1 of 1

PUBLICDATA.com

⇒SSA Death Master File Detail

Name CAMPBELL,EDWIN	Social Security Number _____
Last Known Zip Code _____	Date of Birth Oct 3 1919 Date of Death Sep 27 1991

0321703

TX_00002404

JA_005163

<http://.../Detail?db=ssadmf&rec=47379984&dlnumber=HARRIS006&dlstate=CORP&id=205> 5/16/01

TX_00002404

USA_00020045

Office of Beverly B. Kaufman, County Clerk, Harris County, Texas
Probate Court Inquiry System

R.C. DOCKET. SUB.	APPLICANT'S NAME AND ADDRESS	ATTORNEY OF RECORD AND ADDRESS	NATURE OF PROC	DATE OPEND. MM DD YYYY.FILM CODE
2 250982 001 CAMPBELL EDWIN S*D* 8114 CADAWAC	CAMPBELL MAEBELLE S HOUSTON TX 77074	THOMPSON JAMES D 10405 TOWN & CTRY WAY	PW-LT	04-03-1992 673253860

Total lines retrieved = 2 Lines displayed = 2

[Back to Inquiry](#) | [Main Menu](#)

TX_00002405
JA_005164

Votec Election Management System - User Interface

Mine Window

Voter Update

File Number

File Number	ctupdate	ID Compliant
COLEMAN LEDORSE		

Residence Address

Street #	Fract	Dir	Name	Type	Dir	Unit Type	Unit #
2422			ROSEWOOD				
City	HO.	Zip	77004	Muni	HOUSTON	Post Office	HOUSTON
						Address Exception	CAN

Mail Address

Gender	M	DOB	01/28/1908	Former County	Former Housid
				<input checked="" type="checkbox"/> SSN4	
				<input type="checkbox"/> Birth Place	
				Signed?	Y
				Privacy	More
PW Interest	ID Rcvd				
12/27/2000 12:00 AM					

Voting History for COLEMAN LEDORSE

Election Date	Voting Codes	Election Description
11/02/2002	11/06/1996	GENERAL ELECTION

TX_00002406
JA_005165

TX_00002406

USA_00020047

PUBLICDATA.com

►SSA Death Master File Detail

Name COLEMAN,LEDORSE	Social Security Number 1	Verify/Proof none found	Last Known ZIP Code 77004
Lump Sum Payment ZIP Code	State/Country of Residence none found	Date of Birth Jan 28 1908	Date of Death May 8 1995

The detail view of this record will be recorded as one 'Detail look-up'.

<http://www3.publicdata.com/cgi-win/pd.exe/Detail?db=USSSDM&ed=31&rec=53877616&...> 5/2/2007

TX_00002408
JA_005167

TX_00002408

USA_00020049

Office of Beverly B. Kaufman, County Clerk, Harris County, Texas
Probate Court Inquiry System

R.C.DOCKET.SUB.	.APPLICANT'S C.T.NUMBER.DKT.STYLE OF PROBATE	.ATTORNEY OF RECORD .NAME AND ADDRESS	.NATURE .AND ADDRESS OF PROC	.DATE OPEND. .MM DD YYYY.FILM CODE
2 274946 001 COLEMAN LEDORSE*D* 6315 CENTRAL CITY BLVD	By WALKER BETTY J GALVESTON TX 77551	PROCTOR MAMIE MOORE 24 GREENWAY PLAZA 1822	PW-NPC HOUSTON TX 77046	05-12-1995 630783478

Total lines retrieved = 2 Lines displayed = 2

[Back to Inquiry](#) | [Main Menu](#)

TX_00002409
JA_005168

Votec Election Management System - User IS TRENTELL

Mine Window

New Add Save Exit Scan View Prev Bits Cancel NVRA Dup Notices Districts Polling Place Reg Hist View Vot Hist

NVRA Source	Date Submitted	Status / Reason	Precinct	Sub	CERT #			
[REDACTED]	[REDACTED]	CD DEC	0122	--	10102986			
Last DOE	First LULA	Middle WELLS	File Number	File update	ID Compliant Y			
Residence Address	Street #	Fract	Dir	Name	Type	Dir	Unit Type	Unit #
	151			HOHLDALE				
City/HO	Zip	77022	Muni	HOUSTON	Post Office	HOUSTON	Address Exception	CAN
Mail Address	Gender F DOB 03/12/1911					Former County	Former Resid	
						SSN4	Birth Place	
						Signed? Y	Privacy	
						PW Interest	ID Rcvd	More
						07/20/2001 12:00 AM		
						[REDACTED]		

Voting History for DOE, LULA WELLS

Election	Date	Voting Codes	Description
11032013	11/03/1998		GENERAL ELECTION

TX_00002410
JA_005169

TX_00002410

USA_00020051

(For Official use only)		Election Dist.	VOTER REGISTRATION	
			Mail or deliver to Tax Assessor-Collector of <u>cc</u> every blank. Effective on 30th day after delivery. [REDACTED]	
1.2.2		TYPE OR PRINT IN INK		
DOE Last name <u>Bula</u> Middle name <u>Maryris</u> Maiden surname if married woman <u>WELLS</u> PERMANENT RESIDENCE ADDRESS <u>Street & apt # line P. Box 151 Hohldale</u> City <u>Houston</u> Zip <u>77022</u> MAILING ADDRESS IF DIFFERENT FROM ABOVE <u>Street or P. O. Box</u> City _____ State _____ Zip _____		Social Security No. <u>[REDACTED]</u> Sex <u>(M/F) F</u> Birth Date <u>3/12/11</u> Phone # <u>[REDACTED]</u> City <u>Augustus</u> or County _____ Birth Place <u>Tx.</u> or Foreign Country _____ State _____		
I certify that the applicant is 18 years of age or over, is a citizen of the United States, has not any legal disability, and holds legal residence in this county. I understand that the giving of false information is a offense. SIGNATURE OF VOTER/AGENT <u>Doe M. Doe</u> [REDACTED] must be a registered voter and must be only (circle one applicable) Husband, Wife, Mother, Father, Son, Daughter				
The disclosure of social security number is voluntary only, is solicited by authority of Section 4(h), Texas Election Code, and will be used only by election officials to maintain the accuracy and integrity of the registration records.				

VOTER REGISTRATION APPLICATION (SOLICITUD PARA REGISTRO DE VOTANTE)		OFFICIAL USE ONLY (USO OFICIAL PARA LA USO OFICIAL)
PLEASE COMPLETE ALL OF THE INFORMATION BELOW, PRINT (NAME & TITLE) COMPLETAR CON TODA LA INFORMACION SIGUIENTE, ESCRIBIENDO EN MAYUSCULAS (NOMBRE Y TITULO)		CERTIFICATE NUMBER NUMBERO DE CERTIFICADO PE-1 1616145-2
FOR FURTHER INFORMATION SEE YOUR LOCAL BOARD OF ELECTIONS OR TRA DE VOTACIÓN (CON TU TERRITORIO ELECTORAL O MÁS ADELANTE)		APPLICATION NUMBER NÚMERO DE SOLICITUD PE-1 1616145-2
LAST NAME (APELLIDO) Doe		MIDDLE NAME (NOMBRE ALMEDIANO) Margis
FIRST NAME (NOMBRE DE PSEUDÓNIMO) PRIMER NOMBRE (NOMBRE DE PSEUDÓNIMO) Bula		LAST NAME (APELLIDO DE MATRIMONIO) NOMBRE DE CASADA (APELLIDO) Wells
DATE OF BIRTH FECHA DE NACIMIENTO MONTH (MM) DAY (DD) YEAR (YY)		PLACE OF BIRTH (LUGAR DE NACIMIENTO) CITY OR COUNTY (CIUDAD O MUNICIPIO)
STATE OR FEDERAL ESTADO O FEDERAL (ESTADOS UNIDOS DE AMÉRICA Y ZONA POSTAL)		IF YOU ARE A NATURALIZED CITIZEN, INDICATE THE COURT OF NATURALIZATION OR ITS LOCATION SI ES CIUDADANIA NATURALIZADA, INDIQUE LA CORTE DE NATURALIZACION O SU LOCALIDAD
PERMANENT RESIDENCE ADDRESS STREET DIRECCIÓN DE RESIDENCIA PERMANENTE (Calle y número de departamento o número, debe dar una dirección de la calle)		IF MAIL CANNOT BE DELIVERED TO PERMANENT RESIDENCE ADDRESS, PROVIDE MAILING ADDRESS: SI NO SE PUEDE ENTREGAR EL CORREO A LA DIRECCIÓN DE RESIDENCIA PERMANENTE, PROPORCIONE DIRECCIÓN DE CORREO PARA ENTREGA: (Calle y número de casa)
151 Houston Ave. CITY, STATE, ZIP CODE (CÉNTRICO ESTADO Y CODIGO POSTAL)		Houston, Texas 77022 151 Houston, Texas 77022
IF YOU ARE NOT REGISTERED IN ANY OTHER TEXAS COUNTY, COMPLETE THE FOLLOWING: (SI NO ESTÁ REGISTRADO EN OTRO DISTRITO DE TEXAS, COMPLETAR LO SIGUIENTE): COUNTY OF FORMER RESIDENCE/RESIDENCE ADDRESS AS SHOWN ON CERTIFICATE IN THAT COUNTY (CÉNTRICO DE RESIDENCIA ANTERIOR/RESIDENCIA DIRECCIÓN COMO SE MUESTRA EN EL CERTIFICADO DE RESIDENCIA)		IF YOU WERE REGISTERED BUT DID NOT RECEIVE A PREVIOUS CERTIFICATE, COMPLETE THE FOLLOWING: (SI SE REGISTRÓ PERO NO RECIBIÓ UN CERTIFICADO ANTERIOR, COMPLETAR LO SIGUIENTE): COUNTY OF PREVIOUS REGISTRATION/RESIDENCE ADDRESS AS SHOWN ON PREVIOUS CERTIFICATE (CÉNTRICO DE RESIDENCIA ANTERIOR/RESIDENCIA DIRECCIÓN COMO SE MUESTRA EN EL CERTIFICADO ANTERIOR)
SOCIAL SECURITY NUMBER NÚMERO DE IDENTIFICACIÓN SOCIAL		TELPHONE NUMBER (NÚMERO DE FONO)
		CURRENT PRECINCT NUMBER OR NAME, IF UNKNOWN, SEE TEXAS (ACTUAL PRECINTO NÚMERO O NOMBRE, SI NO SE SABE, VER TEXAS)
I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT. I UNDERSTAND THAT THE GIVING OF FALSE INFORMATION IS A VIOLATION OF THE LAW. (CERTIFICO QUE LA INFORMACIÓN PROPORCIONADA ES CORRECTA. ENTENDO QUE LA DIFUSIÓN DE INFORMACIÓN Falsa ES UNA VIOLACION DE LA LEY.)		
x Bula Margis Doe		
SIGNATURE OF APPLICANT OR AGENT (FIRMA DE SOBRETESTA O AGENTE)		
FOR VOTER (PARA TESTIGO): If the voter fails to appear to sign his name, he shall make his mark in the presence of 2 witness. If the applicant is unable to make the mark, the witness shall do so on his behalf. Si el votante no aparece para firmar su nombre, deberá hacerlo en su nombre ante 2 testigos. Si el solicitante no puede hacerlo, el testigo lo hará en su nombre.		
Signature and address of witness: Firma y dirección del testigo:		

TX_00002411
JA 005170

TX 00002411

USA 00020052

PUBLICDATA.com

» SSA Death Master File Detail

Name	Social Security Number	
DOE,LULA		
Last Known Zip Code	Date of Birth	Date of Death
77022	Mar 12 1911	Jan 0 1993

10102906

<http://www.PUBLICDATA.com/Detail?db=ssadmf&rec=4881226&dlnumber=006991732&dlstate=TX&id=894976> 5/10/01

TX_00002412
JA_005171

TX_00002412

USA_00020053

Office of Beverly B. Kaufman, County Clerk, Harris County, Texas
Probate Court Inquiry System

R.C. DOCKET SUB. C.T. NUMBER.DKT. STYLE OF PROBATE	APPLICANT'S NAME AND ADDRESS	ATTORNEY OF RECORD .AND ADDRESS	NATURE .OF PROC	DATE OPEND. .MM DD YYYY.FILM CODE
3 256990 001 DOE LULA MARGIS*D* 4504 OLD YALE	PORTER CAROL J HOUSTON TX 77018	HARTSFIELD HAROLDEEN 55 WAUGH DR #400	PW-LT C-WILL	01-21-1993 681341679 02-23-1993 682360454
3 256990 401 DOE LULA MARGIS*D*	ARNOLD NORVELLA DOE STATE OF TN	WASHINGTON GEORGE JR 1808 WHEELER AVE	HOUSTON TX 77288	
3 256990 401 ARNOLD NORVELLA DOE*P*	PORTER CAROL J STATE OF TN	WASHINGTON GEORGE JR 1808 WHEELER AVE	C-WILL	02-23-1993 682360454

Total lines retrieved = 6 Lines displayed = 6

[Back to Inquiry](#) [Main Menu](#)

TX_00002413
JA_005172

Votec Election Management System

Mine Window

Ed Voter Info

NVRA Source		Date Submitted	Status	Reason	Precinct	Sub	CERT #		
			CD	DEC	0185		12278172		
		File Number			cUpdate	ID Compliant Y			
Last	First	Middle	Former		Suffix				
FURLONG	TOMAS	SALVADOR							
Residence Address		Sheet #	Fract	Dir	Name	Type	Dir	Unit Type	Unit #
		1010			RAINY RIVER	DR			
City/HO		Zip	Muni		HOUSTON	Post Office	HOUSTON		Address Exception
		77088							CAN

Voting History for FURLONG

Election	Date	Voting Codes	Election Description	
1196	11/05/1996		GENERAL ELECTION	

OK

1932 Former County SSN4 Birth Place PUEBLA MM Signed?Y Privacy More PW Interest ID Rcvd 10/13/1999 12:00 AM

TX_00002414
JA_005173

TX_00002414

USA_00020055

Re: FURLONG TOMAS SALVADOR
Certificate # 12278172 1

X-

Confirmation is hereby given that the person named above is:
Se da aquí confirmación que la antedicha persona nombrada a

Deceased/Fallecido on 8-28-83

Not deceased and the information is incorrect (*No es fallecido y la informacin esta incorrecta*)

Margaret B. Tuckey

✓ Signature/Firma

Date of Birth - 6-23-32

2011

Date/Fecha

Aug. 26-99

Relationship/Parenescu

VOTER REGISTRATION APPLICATION/CHARGE FORM (AM-83) FALCACION PARA REGISTRO DE VOTANTE/FORMA PARA NACI		185 A 1227817-2
I am an NEW MEXICAN & I have been given my history of residence, name & all the information (in English or Spanish) required by law to be furnished to the Bureau of Citizenship and Immigration Services.		
ESTADO (ESTADO DE RESIDENCIA) (ESTADO DE RESIDENCIA) (ESTADO DE RESIDENCIA)		
LAST NAME (PRIMER APELLIDO) (PRIMER APELLIDO)		
FURLONG		
MIDDLE NAME (SEGUNDO APELLIDO) (SEGUNDO APELLIDO)		
TOMAS		
FIRST NAME (TERCER APELLIDO) (TERCER APELLIDO)		
SALVADOR		
SOCIAL SECURITY NUMBER (NIT) (NUMERO DE SEGURO SOCIAL)		
100-00-00000		
DATE OF BIRTH (DIA DE NACIMIENTO) (FECHA DE NACIMIENTO)		
6 23 32		
STATE OF BIRTH (ESTADO DE NACIMIENTO) (ESTADO DE NACIMIENTO)		
MEXICO M		
PERMANENT RESIDENCE ADDRESS (RESIDENCIA PERMANENTE) (DIRECCION DE RESIDENCIA PERMANENTE) (DIRECCION DE RESIDENCIA PERMANENTE)		
10 JORDAN RIVER		
CITY / CIUDAD (MUNICIPIO) (CIUDAD / MUNICIPIO)		
HOUSTON		
ZIP CODE (CODIGO POSTAL) (CODIGO POSTAL)		
77088		
PHONE NUMBER (OPTONAL) (TELEFONO - OPCIONAL)		
— SAME		
IF YOU ARE A NATURALIZED CITIZEN, INDICATE COUNTY OR ITS LOCATION SI ES CUBANO DIA NATURALIZADO, INDIQUE EN QUE CONTO O SU LOCALIDAD		
L.I.S. SOUTHROP DISTRICT, HOUSTON		
IF YOU HAVE BEEN RESIDING IN ANOTHER STATE COUNTIES OR CITY SINCE YOUR LAST REGISTRATION AND FAIL TO RECEIVE A NEW CERTIFICATE, INDICATE SI USTED HA ESTADO RESIDIENDO EN OTRO ESTADO O CIUDAD DESDE SU ULTIMA REGISTRO Y NO RECIBIO UN NUEVO CERTIFICADO, INDIQUE FORMER ADDRESS (DIRECCION PREVIA)		
I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT. THE APPLICANT IS A CITIZEN OF THE UNITED STATES HAS NOT MADE ANY FRAUDULENT STATEMENT OR MISREPRESENTATION. I CERTIFY THAT THE INFORMATION PROVIDED IS FOR THE PURPOSE OF PRODUCING THE RESIDENTIAL RECORDS OF A RESIDENT. (CERTIFICO QUE LA INFORMACION PROPOR- TINA AL FIN DE PRODUCIR LOS REGISTROS RESIDENCIALES DE UN RESIDENTE.) I CERTIFY THAT IF THIS CHARGE CONTAINS ANY FALSE INFORMATION IT WILL BE ASSESSABLE UPON ME. I CERTIFY THAT I VOTATED IN UN COUNTRY OTHER THAN THE UNITED STATES.		
SIGNATURE OF VOTER FURLONG, Tomas Salvador		
BUREAU OF CITIZENSHIP AND IMMIGRATION SERVICES U.S. DEPARTAMENTO DE HABILITACION Y MIGRACION WASHINGON, D.C. 20536 ESTADOS UNIDOS DE AMERICA		
PCT 1110 EDP 1120 TO CHANGE REGISTRATION/REDISTRI- CAR CAMBIAR DISTRIBUCA		
If you are registered to vote and would like changes made to your voter registration, please provide the appropriate information to the local election or voter registration office, or if your voter registration has been lost or destroyed, contact the Bureau of Citizenship and Immigration Services. (Si est registrado para votar y desea hacer cambios en su registro de votante, por favor proporcione la informacion apropiada a la oficina de elecciones o de registracion de votantes, o si su registro de votante ha sido perdido o destruido, comuniquese con el Bureau of Citizenship and Immigration Services.)		
CERTIFICATE OF CERTIFICATION CERTIFICADO DE CERTIFICACION		
NAME AS IT APPEARS ON CERTIFICATE NOMBRE COMO APARECE EN EL CERTIFICADO		
TODAY'S DATE FECHA DE HOY		
FURLONG, Tomas Salvador		
The signature of certifying officer is mandatory. La firma del oficial certificante es obligatoria.		
Signature of certifying officer, Title, Date, Name, and Address of certifying office. The signature of the certifying officer is mandatory.		
Firma del oficial certificante, Titulo, Fecha, Nombre y Direccion de la oficina que lo designo. La firma del oficial certificante es obligatoria.		
To obtain a copy of this document, contact your county or city election or voter registration office.		
PARA OBTENER UN COPIA DE ESTE DOCUMENTO, COMUNICARSE CON SU OFICIO DE ELECCIONES OPCIONAL, COMUNICARSE CON SU SEDE DE COLEGIOS OPCIONAL.		

SIGNATURE OF VOTER *[Signature]* **ADDRESS** *[Address]* **PHONE NUMBER** *[Phone Number]* **MAILING ADDRESS** *[Mailing Address]* **EMAIL ADDRESS** *[Email Address]*

TX_00002415
JA 005174

TX 00002415

USA 00020056

PUBLICDATA.com

►SSA Death Master File Detail

Name FURLONG,TOMAS	Social Security Number	Verify/Proof none found	Last Known ZIP Code
Lump Sum Payment ZIP Code 78250	State/Country of Residence none found	Date of Birth Jun 23 1932	Date of Death Aug 1983

The detail view of this record will be recorded as one 'Detail look-up'.

<http://www3.publicdata.com/cgi-win/pd.exe/Detail?db=USSSDM&ed=31&rec=54027783&...> 5/2/2007

TX_00002416
JA_005175

TX_00002416

USA_00020057

Votec Election Management System - User Interface

Mine Window

File Edit View NVRA Dup Notices Districts Polling Place Reg Hist View Vot Hist

NEW ADD SAVE EXIT View Prov Bls Cancel NVRA Dup Sub CERT #

NVRA Source Date Submitted Status / Reason Precinct Sub CERT #

CD DEC 0271 -- 24482465

File Number File Update ID Compliant Y

Last First Middle Former Suffix

GUIDRY JOHN ASHTON

Residence Address Type Dir Unit Type Unit #

Street# Fract Dir Name LN

4415 BOTANY

City HO Zip 77047 Muni HOUSTON Post Office HOUSTON Address Exception CAN

Voting History for GUIDRY

Election	Date	Voting Codes	Election Description
0399	03/10/1998	E D	PRIMARY ELECTION
0496	04/09/1996	E D	RUNOFF ELECTION

OK

963 Former County Birth Place HARRIS TX SSN# Signed? Y Privacy PW Interest ID Rcvd 08/24/1999 12:00 AM

TX_00002417
JA_005176

TX_00002417

USA_00020058

APPLICANT'S COMPLETE ADDRESS AND MAILING ADDRESS		APPLICANT'S COMPLETE ADDRESS AND MAILING ADDRESS	
NAME OF APPLICANT		NAME OF APPLICANT	
LAST NAME	FIRST NAME	LAST NAME	FIRST NAME
Guirky	John	Ashtron	J-
INTELLIGENCE	PLACE OF BIRTH	INTELLIGENCE	PLACE OF BIRTH
MONTH DAY YEAR	MONTH DAY YEAR	MONTH DAY YEAR	MONTH DAY YEAR
M 26 13	Harris, Texas	SEP 22 1985	OCT 22 1985
PERMANENT RESIDENCE ADDRESS AND MAILING ADDRESS		PERMANENT RESIDENCE ADDRESS AND MAILING ADDRESS	
ADDRESS		ADDRESS	
CITY, STATE, and ZIP		CITY, STATE, and ZIP	
4415 Borany Ln		Houston, Texas 77047	
BIRTH DATE AND PLACE		BIRTH DATE AND PLACE	
IF YOU ARE PURSUING A CERTIFICATE OF CITIZENSHIP, COMPLETE THE FOLLOWING		IF YOU ARE PURSUING A CERTIFICATE OF CITIZENSHIP, COMPLETE THE FOLLOWING	
NAME OF FATHER OR MOTHER, WHOSE ADDRESS IS KNOWN OR REASONABLY KNOWN		NAME OF FATHER OR MOTHER, WHOSE ADDRESS IS KNOWN OR REASONABLY KNOWN	
COUNTY OR TOWNSHIP WHERE PARENTS LIVED IN THAT COUNTY OR TOWNSHIP		COUNTY OR TOWNSHIP WHERE PARENTS LIVED IN THAT COUNTY OR TOWNSHIP	
SPECIAL REQUIREMENTS		SPECIAL REQUIREMENTS	
I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT.		I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT.	
X 06/22/03		X 06/22/03	
SIGNATURE OF APPLICANT		SIGNATURE OF APPLICANT	
STATEMENT OF APPLICANT		STATEMENT OF APPLICANT	
I declare under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge and belief. I further declare that I have not previously filed an application for a certificate of citizenship or a certificate of naturalization under the laws of the United States.		I declare under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge and belief. I further declare that I have not previously filed an application for a certificate of citizenship or a certificate of naturalization under the laws of the United States.	
APPLICANT'S SIGNATURE		APPLICANT'S SIGNATURE	
APPLICANT'S SIGNATURE		APPLICANT'S SIGNATURE	

TX_00002418
JA_005177

TX_00002418

USA_00020059

EVIOUS TRANSACTION COMPI

GUIDRY JOHN ASHTON
--2448246-5-- DX
STAT/FLAG < A > ✓ UPDT 000 000 2 033198
SEX < M > BRDT < 02-06-1963 > CITY/CNTY C ST
DLNO < 0-00000000 > COFM < 5/22/94 > BRPL < HARRIS 2 TX >
ME < GUIDRY JOHN ASHTON 2 > DED PCT < 0271 > OPEN < D_ >
ADR < 04415 _ BOTANY LN > MADR1 < _____ >
CTY < HOUSTON RZIP 77047-0000 > MADR2 < _____ >
US/REP 025 KEN_BENTSEN_(D) SPOKE TO MOTHER
ST/SEN 013 RODNEY_ELLIS_(D) 0/5/99
ST/REP 131 RON_WILSON_(D) PER TUE GPS.W
COMM 1 EL_FRANCO_LEE_(D)
JP/C 07 A_B_CHAMBERS_JP--BETTY_BROCK_BELL,_ALEXANDER_GREEN
ST/BE 04 ALMA_A_ALLEN_(D) WTR
SCH 001 HOUSTON_ISD RFPD
CLG 048 HOUSTON_COMMUNITY_CLGE SPEC
CITY

TX_00002419
JA_005178

TX_00002419

USA_00020060

PublicData.Com [SSA Death Master File Detail]

Page 1 of 1

PUBLICDATA.com

►SSA Death Master File Detail

Name GUIDRY,JOHN	Social Security Number	
Last Known Zip Code 77031	Date of Birth Feb 6 1963	Date of Death May 22 1994

TX_00002420

.../Detail?db=ssadmf&rec=11044930510/2001

TX_00002420

USA_00020061

Votec Election Management System

Mine Window

Voter Update

File Number	Update	ID Compliant Y			
Last HENRY	First EDMOND	Middle			
Residence Address Street# 4914	Frac# Dir. Name EARLINE	Type	Dir	Unit Type	Unit #
City/HO	Zip 77016	Muni HOUSTON	Post Office HOUSTON	Address Exception CAN	

Voting History for HENRY, EDMOND

Election	Date	Voting Codes	Election Description
1996	11/05/1996	E	GENERAL ELECTION

OK

X /1957 Former County Former Resid
SSN4 Birth Place HOUSTON TX
Signed?Y Privacy More
N PW Interest ID Rcvd
108/23/1999 12:00 AM

TX_00002421
JA_005180

TX_00002421

USA_00020062

PUBLICDATA.com

⇒SSA Death Master File Detail

Name HENRY,EDMOND	Social Security Number —	Verify/Proof none found	Last Known ZIP Code 77016
Lump Sum Payment ZIP Code	State/Country of Residence none found	Date of Birth Mar 12 1957	Date of Death Oct 19 1994

The detail view of this record will be recorded as one 'Detail look-up'.

<http://www3.publicdata.com/cgi-win/pd.exe/Detail?db=USSSDM&ed=31&rec=53094312&...> 5/2/2007

TX_00002423
JA_005182

TX_00002423

USA_00020064

Votec Election Management System - user is REDDITTE@VEMS

Voter Update [clupdate 03-06]

<input type="button" value="New"/>	<input type="button" value="Add"/>	<input type="button" value="True"/>	<input type="button" value="Edit"/>	<input type="button" value="View"/>	ProvBln	Cancel	NVRA Dup	Note	Print	Print	View VMS
				Date Submitted	Status / Reason	Precinct	SVN	GEPI			
				CDT	DEC-06-03	0633			3470978		
				File Number	CITY OF SPRING, TX ID Compliant						
				Last	First	Middle	Party		Complaint		
				HOLZWARTH	KARL	HENRY					
				Residence Address							
				Street	Fract	Dir	Name	Imp	Dir	Unit	Type
				201A			LOUETHA	RD			UNIT
				City	Zip	Prov	SPRING	TX	SPRING	TX	UNITED STATES
				VOTING HISTORY FOR HOLZWARTH, KARL HENRY							
				Election Date	Code	Description	Comments				
				11/05/2008	00000000000000000000000000000000	00000000000000000000000000000000					
				OK							
				SPRING TX							
				Signed	2Y	Printed	MDP				
				SPW	Print	MDP					
				REDACTED							

TX_00002424
JA_005183

TX_00002424

USA_00020065

Re: HOLZWARTH KARL HENRY
Certificate # 09470878 1



x-

Confirmation is hereby given that the person named above is:
Se da aquí confirmación que la antedicha persona nombrado a:

Deceased/Fallecido

Not deceased and the information is incorrect (*No a fallecido y la informacion esta incorrecta*)

Signature/Firma Elizabeth Halgreen Date/Fecha 10-27-99

Relationship/Parentesco Spouse
BORN - DATE March 22, 1909

FEB 24 1993
OVER 65 PERMANENT EXEMPTION FROM JURY SERVICE

TEXAS DRIVER'S LIC. [REDACTED] CERT 034-7097-8

TEXAS IDENTIFICATION # CODE 2 DATE 11-22-1993

NAME Holzwarth KARI Henry TK224-93

LAST **FIRST** **MIDDLE**

ADDRESS 2615 Lovetta Rd. Spring, TX 77388

DATE OF BIRTH 3/22/09

PLACE OF BIRTH Spring

IN ACCORDANCE WITH ARTICLE 2137a, R.
TEXAS, I HEREBY TINT IN ODE 65.

TEXAS, I AFFIRM THAT I AM OVER 65 YEARS OF AGE AND DESIRE A
PERMANENT EXEMPTION FROM JURY SERVICE ON THAT GROUND.

SIGNATURE Asse Atabayev DATE Feb 21, 1993

Name on record Holzworth, Israel Rep. Hansen, G

Name on record John W. L. Jones DOB: 22 March 1940

Digitized by srujanika@gmail.com

410077		APPLICATION FOR VOTER REGISTRATION CERTIFICATE HARRIS COUNTY, TEXAS			266159	0347097-8		
410077		AGE	63	SEX:	<input checked="" type="checkbox"/> MALE <input type="checkbox"/>	HOLZWARTH KARL		
<input type="checkbox"/> CHECK HERE IF SERVICEMAN OR STUDENT		RESIDENCE: I CERTIFY THAT THE APPLICANT IS 18 YEARS OF AGE OR OVER, A CITIZEN OF THE UNITED STATES, AND HAS RESIDED IN TEXAS MORE THAN 1 YEAR, AND IN COUNTY AND CITY MORE THAN SIX MONTHS PRECEDING THE DATE OF THIS APPLICATION, EXCEPT AS LISTED BELOW. I UNDERSTAND THAT IT IS A CRIME TO FALSELY STATE OR FURNISH TO PROSECUTE THE REGISTRATION OF A VOTER IS A FELONY.		RESIDENT ADDRESS		12-30-71	VOTING PRECINCT	CONTROL NO.
EXCEPTIONS SHOW DATE OF BIRTH # IN TEXAS LESS THAN 1 YEAR # IN COUNTY LESS THAN 6 MOS. # IN CITY LESS THAN 6 MOS. # UNDER 21, SHOW DATE OF BIRTH # UNDER 21 YEARS OLD, NEVER MARRIED AND MINORITY DISABLING HABITS NOT BEEN REMOVED BY COURT, GIVE NAME AND ADDRESS OF PARENTS OR GUARDIAN		MONTH	DAY	YEAR				
VOTER'S NAME (MAIL CERTIFICATE TO THE FOLLOWING TEMPORARY ADDRESS IF IT IS NOT TO BE MAILED TO THE PERMANENT ADDRESS ABOVE)								
HOLZWARTH KARL RT 3 BOX 275 SPRING TX								
CORRECTIONS New address 2615 Lasetha L Spring Texas 77313								
 Karl Holzwarth SIGNATURE OF VOTER/AGENT		NAME	ADDRESS	STREET	CITY	ZIP CODE		
			TX 00002425				TELEPHONE NUMBER (IF KNOWN)	

JA 005184

TX 00002425

USA 00020066

PublicData.Com [SSA Death Master File Detail]

Page 1 of 1

PUBLICDATA.com

►SSA Death Master File Detail

Name	Social Security Number	
HOLZWARTH,KARL		
Last Known Zip Code	Date of Birth	Date of Death
77388	Mar 22 1909	Mar 31 1996

.../Detail?db=ssadmf&rec=47415225&dlnumber=HARRIS006&dlstate=CORP&id=110449305/10/2001
TX_00002426

JA_005185

TX_00002426

USA_00020067

Case 2:13-cv-00193 Document 662-20 Filed on 11/11/14 in TXSD Page 78 of 80
Office of Beverly B. Kaufman, County Clerk, Harris County, Texas
Probate Court Inquiry System

R.C. DOCKET SUB.	APPLICANT'S NAME AND ADDRESS	ATTORNEY OF RECORD AND ADDRESS	NATURE OF PROC	DATE OPENED. MM DD YYYY.FILM CODE.
1 1 282017 001 HOLZWARTH KARL HENRY*D* 2615 OLD LOUETTA LOOP	HOLZWARTH ELIZABETH M SPRING TX 77388	HAVLICK MILTON E JR 14015 PARK DR #101	PW-LT TOMBALL TX 77375	04-12-1996 640613718

Total lines retrieved = 2 Lines displayed = 2

[Back to Inquiry](#)

[Main Menu](#)

Vote Election Management System - user is SEALEMASON@ems

File Update (11/11/14 03:06)

NEW	ADD	SAVE	EXIT	Scan	View	Prev Rec	Cancel	Print	Print	Notices	Dismiss	
NVRA Source				Date Submitted	Status / Reason	Precinct	Sub	CERT #				
				CD	DEC	0438		9111295				
				File Number		update		10 Compliant Y				
Last	First	Middle	Former		Suffix							
KAPELKA	JOYCE	LAYOW										
Residence Address	Street #	Fract	Dir	Name	Type	Dir	Unit Type	Unit #				
	14318			BROADGREEN	DR							
City HO	Zip 77079			Muni HOUSTON	Post Office	HOUSTON						
Address Exception CAN												
Former County FORT BEND												
SSN41												
Birth Place SYRACUSE NY												
Signed? Y												
Primary												
P W Interest JDR												
Last Update 11/11/2014 03:06												
OK												

Voting History for KAPELKA, JOYCE LAYOW (11/11/14 03:06)

Election	Date	Voting Codes	Election Description
1196	11/05/1996	E	GENERAL ELECTION
1196	11/05/1996	E	GENERAL ELECTION
0496	04/09/1996	E R	RUNOFF ELECTION
0394	03/08/1994	P R	PRIMARY ELECTION

TX_00002428
JA_005187

TX_00002428

USA_00020069

Record Type: VOTER Record ID: 9111295 Imaging Dept. ID: 236217278

Prescribed by the Secretary of State 00026494	VOTER REGISTRATION APPLICATION (SOLICITUD DE INSCRIPCION DE VOTANTE)		PCT	For Affidavit Only Cert Name	EDB
First Name (FIRST NAME/MIDDLE) (Primer Nombre)	Middle Name (MIDDLE NAME) (Segundo Nombre) Is - Item	Former Name (Nombre anterior)			
Karen KKA	JAYCE	LAYOU			
Residence Address: Street Address and Apartment Number, City, State, and Zip. If non-residence address, check box below and describe in detail below. (No box includes P.O. Box or Rural R.R.) Residencia: Calle y numero, numero de apartamento, Ciudad, Estado, C.P. (Nota: A la otra parte del formulario, describa la localidad de su residencia si no incluye su apellido/prefijo en su ruta rural.) 14318 Broadgreen Houston Texas 77079					
Mailing Address: City, State and Zip. It must correspond to residence address. (Check one postal coded, County and county post office if no zip) Calle y Ciudad de su residencia anterior 9-30-46					
Date of Birth: Month, Day, Year (Fecha de Nacimiento): (el mes, el dia, el año)	City and County of Former Residence (Ciudad y Municipio de su residencia anterior)		Social Security (Número de Seguro Social)	Social Security (Número de Seguro Social)	
11/08/1955			12/01	In TX Board of Public Safety I/We request issuance of a voter registration card in my name or in the name of my spouse or my child. I/We also request issuance of a voter registration card in the name of my husband or wife or my child.	
I understand that giving false information to procure a voter registration is perjury, and is a crime under state and federal law. (Entiendo que el hecho de proporcionar datos falsos a fin obtener inscripción en el registro de votantes, constituye el delito de perjurio o declaración falsa y es una infacción sancionable por ley federal y estatal.) I affirm that I (Declaro que soy) • am a United States citizen. (ciudadano/a de los Estados Unidos) • am a resident of this county. (Residente del condado). • have not been convicted of any felony or a misdemeanor that would render me ineligible to vote under section 12.001, Election Code, and (que no he sido condenado/a en definitiva por un delito penal, o en caso de tal condena, que estoy habilitado/a para inscribirme, a tenor de lo dispuesto por la sección 12.001 del Código Electoral) • have not been declared mentally incompetent by final judgment of a court of law. (no se me ha declarado mentalmente incapacitado por orden judicial.)					
X Joyce M. Kapulka Signature of Applicant and Registrando. To appear in Printed Name or Appear el Signo de Williams and Debra. (Si uno de los firmantes es menor de edad, se debe firmar el nombre de su autorizado). Si la firma es de un menor de edad, escribir el nombre de su autorizado en letras de mayúsculas arriba la fecha.) -- SEP 20 1995 - 8/17/95 Date Rec'd					

Doc ID: S735541 Page: 2 of 7.

TX_00002429
JA_005188

TX_00002429

USA_00020070